



HOME BIRTH CANTERBURY STRATEGIC PLAN 2014



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INTRODUCTION

“PLANS ARE USELESS, BUT PLANNING IS EVERYTHING,” DWIGHT D. EISENHOWER

Home Birth Canterbury’s Committee Members developed this Strategic Plan in order to identify and answer the following questions:

- Where are we now?
- Where do we want to be?
- How will we succeed?
- What is it going to take to get there?

The next step will be to use the goals of the Strategic Plan to give direction to the **Communications Strategy**, which would encompass the organisation’s marketing and campaign strategies.

BACKGROUND AND HISTORY

Home Birth Canterbury (HBC) has been in existence in one form or another since 1976. It is a voluntary organisation that promotes and supports home birth as an alternative to hospital birth. HBC is one of currently twenty-four regional home birth associations, all of which are represented at a national level by Home Birth Aotearoa.

We are a group of like-minded people that see birth as a natural process. Our own personal birth experiences have led us to work together to help ensure that the choice to birth at home is available to Canterbury women and their families.

We believe that birth is a ‘family’ affair – family being any group of people gathered together for mutual support. We consider that people have the right to information to enable them to make the best decisions about their pregnancy, birthing and postnatal care, and that parents have the right to choose where their babies are born.

We also strongly advocate that women should have the right to free and competent antenatal care. This includes health check-ups and childbirth and parenting education.

Taking these philosophies into account, in the end our passion can be expressed as:

HOME BIRTH IS A PHILOSOPHY, NOT A LOCATION.

HBC originally came into existence in the 1970s at a time of strong opposition to homebirth and where birth had been taken into the hospital system of “obstetric management... with its routine, time-fixed interventions”¹. Midwives were able to support homebirth through the subsequent two decades, though they were subject to the supervision of the hospital system.

And while professional autonomy was returned to midwives by the 1990 Amendment to the Nurses Act 1977, the pathological approach to pregnancy and birth has continued to spread, to the point that hospital births and an interventionist approach to birth appear to be the societal norm. With this approach, the well-documented ‘cascade of intervention’ is presented as a way of rescuing women and babies from the increasingly feared and apparently dangerous process of birth.

This is compounded by the way that birth in general and homebirth in particular are presented in the media: highly sensational presentations of dramatic, usually traumatic, births (hospital-based or otherwise); hospital-based reality shows; homebirth, natural births or alternative choices to birthing, breastfeeding and attachment parenting options shown in sensationalist and/or derogatory ways.

As a result, home-birthers are viewed by many to be a small group of hippies putting their children’s lives at risk. The reality instead is that home-birthers are often highly informed, well educated and motivated people who have done their research and understand the benefits and realities of their choice. There are also an increasing number of others coming to appreciate the consequences of a pathological hospital-based approach to birth, in terms of the direct emotional and physical costs to women and babies, but also in terms of the burden on our medical services and the longer-term costs to our society.

LONG TERM VISION FOR HOME BIRTH CANTERBURY

VISION STATEMENT

THAT HOMEBIRTH BE RECOGNISED AS A REALISTIC AND SAFE BIRTHING CHOICE FOR FAMILIES IN CANTERBURY.

OUR SOCIAL CHALLENGES

The pathological response to birth and birth's treatment as a medical event lead to increased interventions and likelihood of intervention. This approach then contributes to the reduced confidence in women's ability to birth naturally, amongst women, their whanau, the medical establishment and beyond.

It also contributes to difficulties in developing strong, positive and realistic relationships between mothers and babies for breastfeeding, skin contact and healthy physical and mental development. Failure to achieve a 'successful' birth and misunderstandings of the reality of birth, breastfeeding, development and parenting directly impact the ongoing lives of both children and their parents.

HOW WE WILL MEET THESE CHALLENGES

Our role is to support good preparation for and positive experiences during and immediately after birth, in order to establish the foundations for more successful personal and parenting outcomes.

We will do this by:

- Empowering women to make informed birth choices and supporting them on their birth journey.
- Empowering midwives and the broader medical establishment to support home birth.

HOW WE WILL SUCCEED

By gathering statistics to measure homebirth: Find out how midwives report a birth and what indicates a homebirth.

By raising the profile of homebirth in Canterbury via:

- Online social media focus, website, events/evening talks - individuals
- Relationship-building with CDHB, NZCOM and appropriate health service groups

By providing services to homebirthers and their midwives.

Success would be:

- An increase in home births.
- An increase in professional memberships.
- An increase in activity measures for social media.

CAPABILITIES WE WILL NEED

- A social media/web team with clear plans and structure.
- A public relations representative.
- Service-oriented systems, particular our website, with 'secure access to paid services for professional members.

HOME BIRTH CANTERBURY'S MISSION

MISSION STATEMENT:

HOME BIRTH CANTERBURY EXISTS TO PROMOTE, SUPPORT AND PROTECT THE CHOICE TO BIRTH AT HOME.

There are three goals within Home Birth Canterbury's **mission**, in keeping with our statement:

GOAL ONE

Home Birth Canterbury will **promote** homebirth as a choice for Canterbury families.

By keeping visible through direct and indirect marketing such as social media, our website, communication campaigns etc.

GOAL TWO

Home Birth Canterbury will **support** those families that make a choice to birth at home.

By providing services to homebirth families such as antenatal classes, a reference library, playgroups for parent networking and support etc.

GOAL THREE

Home Birth Canterbury will **protect** the freedom of Canterbury families to choose home as their place of birth.

By advocating by being the local voice of homebirth in media and politics etc.

CORE ORGANISATIONAL VALUES

“A CORE VALUE IS ONLY A TRUE CORE VALUE IF IT HAS AN ACTIVE INFLUENCE AND IF THE ORGANISATION MANAGES TO LIVE BY IT, AT LEAST MOST OF THE TIME.”

Home Birth Canterbury has committed itself to the following organisational values as the foundation for achieving our collective goals and aspirations:

Integrity; as an organisation we do not believe in homebirth “at any cost”.

Empowerment through information sharing, research, stories and good guidance to make informed decisions.

Working together towards collective goals but allowing individual opinions to be heard.

Home birth is a philosophy, not a location.

OUR 'AUDIENCE' - WHO THEY ARE & HOW WE SUPPORT THEM

BIRTHING WOMEN & THEIR WHANAU

We welcome any woman and her family seeking information to make an informed choice, as well as those who have made a choice to birth at home.

OUR SUPPORTERS

HBC currently has non-professional supporters as “donors”. Many supporters are dedicated to the right to home birth and natural birth. For this reason, this group is our strongest source of volunteers, and advocacy participants. Home Birth Canterbury’s supporters should be given every opportunity for meaningful involvement in its services and activities.

OUR VOLUNTEERS

This includes all those who participate in Committee meetings, events, and playgroups.

OUR FUNDERS

Currently we are self-funding through donations, professional memberships, earnings from film screenings and other small events and investments.

When required grant applications are made for specific activities. If we can present a clear and articulate case, it may be possible in the future that funding may be able to be sourced through the District Health Board and the Ministry of Health.

OUR MIDWIVES

HBC currently offers ‘professional members to midwives at a fee of \$ which provided them with a listing on our website, access to hiring our birth pool, order home birth hampers and so on.

Vital to the health and welfare of women and their babies, by supporting midwives we support birthing women.

OTHER HEALTH PROFESSIONALS

Pegasus Health Group/GPs – One of the aims of HBC is to build relationships and provide support to this important group. For many women a GP is their first point of call when they find out they are pregnant.

CDHB & Ministry of Health – The MoH is the funder of the Home Birth Antenatal Classes.

OUR NETWORK OR RELATIONSHIPS

Other useful service providers that HBC feels have a type of philosophy in line with or similar to our own philosophies. This may include but not be limited to; Home Birth Aotearoa, LLL NZ, Playcentre, Parent Centre and Brainwave Trust.

It will be advantageous to support strong networks and communication between these groups.

SUMMARY OF MOST IMPORTANT ISSUES

OUR CURRENT ENVIRONMENT

International

Rates of home birth have dropped dramatically in developed countries since the early 1900s and particularly since the 1950s, in line with the increase in hospital services. Most now have home birth rates of fewer than 3% (instead of 80-95% at the turn of the last century). Birth in general and home birth in particular have become dominated by fear of litigation and a culture in which birth is seen as dangerous rather than a normal life event.

A medicalisation of life has brought with it the consequences for birthing of high caesarean rates (around 30% in many countries) and lower breastfeeding rates.

National

NZ women have fewer babies than 50 years ago (2.12 births per woman, down from a high of 4.31 in 1961) and most babies are born to women aged 30-34 years (compared with 20-24 years in the 1960s), though the median age for first births has remained steady at around 28 years of age for the last decade.ⁱⁱ

Maori women however have more children between 20-29 years of age (the median age is 26 years) and have a slightly higher birth rate (2.80 births per woman).ⁱⁱ

Local

Post-earthquake and into regeneration, families in Christchurch are often displaced or living in rental properties.

Christchurch Women's Hospital has been over-subscribed since its construction. Birthing units are run down as a result of lack of investment. A new central city birthing unit is planned but the Burwood birthing centre serving the east and north of the city is being closed.

Local government was focused prior to the earthquake on cost of future services (clearly disclosed to HBC during our work on the now defunct 70by20 initiative), with a clear driver to get people out of the hospital and into care within the community. For births, this meant to birthing units or back home.

OUR STRENGTHS, WEAKNESSES, OPPORTUNITIES & THREATS

STRENGTHS

PASSION!

Varied skills of volunteers.

Commitment to the cause. Resourcefulness.

Individuals' contacts and networks.

Caring community – constant source of encouragement for its members and those it serves.

WEAKNESSES

Volunteers, turnover; Young families, busy lives.

Small membership, lack of broader organisational connections beyond HBC and HBA.

Financial vulnerability.

Follow-through and evaluation. Complete things properly – measure them, reflect and set higher goals.

OPPORTUNITIES

National health care reforms.

Communication with health care providers.

Taking part in policy – getting involved in local politics.

MoH campaigns.

Strengthening our links with other organisations that may share a similar philosophy.

Conferences eg NZCOM, LLL.

Working with HBA.

THREATS

Christchurch instability.

MoH/CDHB indifference to home birth.

Health care resources in flux.

Fear! Everywhere! American-style health care and reality television – birth = death and trauma. Anti-midwifery movements.

Internally: running out of energy, sweating the small stuff, never achieving the big stuff, not using the money, running out of money.

Lack of support from HBA.

SUMMARY

OUR PASSION

HOME BIRTH IS A PHILOSOPHY,
NOT A LOCATION.

OUR VISION

THAT HOMEBIRTH BE RECOGNISED AS A
REALISTIC AND SAFE BIRTHING CHOICE FOR
FAMILIES IN CANTERBURY.

OUR MISSION

HOME BIRTH CANTERBURY EXISTS TO
PROMOTE, SUPPORT AND PROTECT
THE CHOICE TO BIRTH AT HOME.

GOALS & TASKS

YEAR ONE

Goal 1 = To promote homebirth by having a comprehensive social media presence

TASKS

- 1 Complete a Communications Plan.
- 2 Launch our first campaign.
- 3 Rework and reprint the Birthplace Yourplace and fund for free placement at libraries, doctors' clinics, Plunket and midwifery practices.

Goal 2 = To support home birth by rejuvenating Home Birth Canterbury

TASKS

- 4 Keep the web site current and timely, by creating a web team, a website plan and making regular contributions.
- 5 Maintain the morning playgroups by preparing a succession plan and giving enough support, both financial and other.

Goal 3 = To protect home birth by becoming a strong positive voice for home birth in Canterbury

TASKS

- 6 Create succession planning for the Committee and increase the number of volunteers. Specifically get three new Committee members.
- 7 Address funding issues and possibilities by reviewing the budget and identifying how much funding is needed and where it will come from.
- 8 Develop our resources for responding to queries about home birth and related areas of interest and about Home Birth Canterbury.

ⁱ Out on a limb, Maggie Banks, PhD thesis, 2007

([http://www.birthspirit.co.nz/Articles/Articles/Out on a limb, Maggie Banks, PhD thesis, 2007.pdf](http://www.birthspirit.co.nz/Articles/Articles/Out%20on%20a%20limb,%20Maggie%20Banks,%20PhD%20thesis,%202007.pdf))

ⁱⁱ Statistics New Zealand, Births and Deaths: Year ended March 2011

(http://www.stats.govt.nz/browse_for_stats/population/births/BirthsAndDeaths_HOTPYeMar11/Commentary.aspx)