

Copy to Ms CAPPER.

12 February 1981

TO: Mr C Tucker
Mrs B Bruce
Mrs N Caldwell
Mr Rod Perkins
Mr John Rennie
Mrs Hammond

Dear

I have received the following letters from members of the Birth and Beyond group concerning their proposals to the Wellington Hospital Board involving a Centre. I was able to be briefly present at one discussion on this matter at the Community Health Services Committee and I read that it will now be discussed at the Policy and Finance Committee on February 17th.

This is a complex issue with at least three facets. Whether the Hospital Board has such premises and is able to assign them within their existing resource priorities is a straight policy decision of the Board.

However, if the Board considers that the reason for not supporting such a proposal is because either there are no good reasons for doing so, or because of increased risk to mothers and babies, I would suggest that this involves major differences of opinion, and the Board should consider other evidence in addition to that presented by their experts in the existing services.

I am deeply concerned that elements of fringe or peripheral risk be the only major argument for supporting or not supporting an alternative service. Risk is only one factor in making such decisions. It must certainly be kept as low as possible but any risk must be placed beside and considered with other positive factors which may be real and important. If risk is to be considered alone, or as the dominant variable in health decision making, I would suggest that the Board should be against the contraceptive pill, many vaccines, nearly all elective surgery, and many other acceptable and proper services already supported by the Board.

There is a wide body of world opinion which supports, as real and proper objectives, the provision of a birth experience to low risk mothers who are so inclined, which is noninstitutional, informal, family based, and which emphasises bonding in the widest sense. It

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is likely that such a birth arrangement even with the most complete relationships between services, will result in some increased risk to mother and baby. No-one has been able to quantify what these risks are, but again it is likely to be extremely small (maybe as low as 1 in tens or hundreds of thousands). Whether this risk is justified or balanced by the advantages to mother and baby (and family) of an alternative birthing arrangement is again a matter of opinion. One is talking about quite different things (in positive and negative terms) and therefore even the most informed opinion can give no fully objective answer as to whether the balance is positive or negative.

My personal view is that a proper arrangement, restricted to low risk mothers, and linked with the formal obstetrical services (both private and those provided by the Board) clearly is in positive balance and should be supported. I am aware that the opposite view is taken by some of the Board's officers on the grounds that "any increase in risk to mother and baby however small is unjustified". I must reject not only this opinion, but also any opinion which uses any risk as the final arbiter of choice.

I am writing this letter in my role as a Community Health Specialist partly employed by the Board to make my views known and to encourage a proper debate within the Board. I am concerned that not only is a proper decision made, but also that these and similar decisions are made upon proper grounds.

Yours sincerely

KENNETH W NEWELL
Professor of Community Health

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