

'Myths' on home births

IT IS disappointing to see the same uninformed myths appearing in your editorial of February 2 as have appeared in the news media generally about home birth.

One expects that, instead of presenting views, the editorial would lead the way in the search for facts. Rather than stating that the "maternity services committee . . . wisely has recommended ways to reduce risks to both mother and baby," thus implying that there are indeed greater risks in the home than in hospital at the time of birth, you may have looked for and found research which would de-mythologise such a belief.

For example, in England home birth has been almost completely stamped out by obstetricians. Yet, after the Peel Committee (a committee conducting the same inquiry as the maternity services committee in New Zealand) published its report, which resulted in the continued reduction of home births, a number of dissident voices were heard. Professor Archibald Cochrane, head of the Medical Research Council's epidemiology unit in Cardiff and one of the most internationally distinguished epidemiologists, wrote about hospital birth policy in his book *Effectiveness and Efficiency*. He said the Peel Committee suggested that provision be made for all deliveries to take place in hospital without any evidence to support its conclusion. He further pointed out, as have we in New Zealand, that in Holland only 29% of mothers have their babies in hospi-

tal, yet Holland has one of the lowest baby death rates in the world.

One other strong, dissenting voice is that of Dr Marjorie Tew. A distinguished researcher in the field of birth, she wrote in the *Lancet* (1978) that while most members of the medical profession are convinced that all births are safer if they take place in hospital under the care of a consultant obstetrician, the incidence of still birth and death of newly born babies is higher in hospital. She dispenses, as would we in New Zealand, with the thin argument that one of the reasons this difference occurs is because of the greater number of high-risk births in hospitals — not all high-risk births take place in hospital.

Dr Tew argues that if hospital procedures are so beneficial to the patients they should have a lower incidence of baby deaths, yet they consistently have a higher incidence.

To come back to your editorial, it is unfair and intolerable that a small group of young, informed parents, at a time of life when they have the greatest demand made on them by their newly born children, should have to struggle so violently for a basic human right: to choose where their babies should be born.

It is unfair and intolerable that such people have to fight not only the untruths fabricated by the medical personnel who wish to stop the home birth movements, whatever their reasons, but also respons-

ible members of the media in order to get at the facts.

The Home Birth Association challenges the *Auckland Star*, which has a history of journalistic integrity, to properly examine the issues in home birth and to objectively assess the relevant statistics.

One final point. Why must we assume the motives of the maternity services committee to be "unquestionable" when the statistical figures from around the world are consistently ignored because they favour home birth? If the motives are indeed only to ensure the best and safest care for mother and baby, why was there not even a token representative from the home birth movement or the domiciliary midwives on that committee?

DERYN COOPER (PhD)

Spokesperson and
research officer

Auckland branch,
NZ Home Birth Association

● The editor comments: The letter seems to be an extravagant response to the editorial, which did not state a preference for either hospital or home births, but expressed support for the best and safest care for mother and baby.

St 59/2/83