

## HOME HELPS MOTHER RELAX, SAY ADVOCATES. BUT DOCTORS SAY TOO MUCH CAN GO WRONG



Professor Colin Mantell . . . "I think the time is coming when all babies should be born in big hospitals."



Midwife Joan Donley . . . "Hardly the same thing as happens in hospital."

# Home or hospital birth?

**W**HERE should our babies be born — at home or in hospital? There's no doubt that most women still prefer to give birth within the antiseptic compass of the hospital delivery room and its reassuring array of modern equipment.

But a small (though growing), and vocal band of mothers are turning to the comfortable familiar surroundings of home, and the skilled attention of a midwife as an alternative.

In Auckland alone, between late October last year and mid-June this year, 202 deliveries were done at home under the supervision of two domiciliary midwives.

The mothers' enthusiastic advocacy of home birth has met with a hot reaction from some medical men. The ensuing debate has generated more sound and fury than reasoned fact.

One probable reason is that few scientific studies have been done comparing home and hospital deliveries in similar groups of patients, and what statistics there are can be open to different interpretations.

### "Medically safer"

Those who favour home births claim they are medically safer for normal mothers and babies and that they promote better psychological health for both.

Many doctors disagree on both counts.

"I've no doubt about where babies should be born, but I'm biased," says specialist Colin Mantell, Auckland University Professor of Obstetrics and Gynaecology, smiling in his second floor office in the medical mini-city of National Women's Hospital, where he is a part-time consultant.

"I don't mind if mothers are delivered at home," he jokes, "as long as babies are born in hospital."

"As the child's advocate, I would say that home deliveries should not be available. I think the time is coming when all babies should be born in big hospitals, not even in small ones."

His reasons for this view are more compelling for baby than mother, he says. Even possibly serious complications for the mother — like haemorrhaging — can be dealt with outside hospital.

But from the baby's point of view, says Professor Mantell, a father of four children himself and a specialist in neonatal studies at Middlemore Hospital, home births present a different story.

There are just too many things that can go wrong, he says.

### Unexpected

"The unexpected happens so often — even in the home delivery mothers who have been carefully screened for complications."

He cites a recent British study which examined two groups of mothers and babies — one a so-called "high risk group" — that is, women with a statistically higher chance of labour complications — and a "low risk" group.

The study — of 120 home delivered babies — found that the complications for the babies of low risk mothers were just as high as those in the high risk group.

"We just have no ways of knowing which babies are going to get into trouble," Professor Mantell says. It's a point he makes often.

"In our nursery one third to one half of the babies are ones that at the onset of labour were normal and were transferred here during labour or after

delivery because of complications."

Colin Mantell's professional caution underlines a basic difference in attitudes which surface when the issue of home versus hospital birth is raised.

Those in favour of home births emphasize that birth is a natural, normal, joyful creative process. The medical profession, they say, tends to regard it as extraordinary, dangerous, even abnormal, a thing which the mother can't manage without modern hospital technology at her side.

### "Not normal"

It's an attitude perhaps epitomized by a comment made by a former medical superintendent of one of Auckland's biggest obstetric hospitals, St Helens, in a letter to a newspaper. "Women should be aware," Mr Bruce Faris wrote, "that having a baby is not a normal physiological function at all."

The pro-home birth people talk about the mother's responsibility for and control of, normal labour. Birth is too important an experience, they say, to hand over responsibility for it to someone else. "It's women, not doctors, who deliver babies," they say.

The ways that hospitals act towards mother and child both emotionally ("they treat you like a child" says one mother) and medically, work against their best interests, the home birth folk say.

The fear and anxiety a mother feels in a strange hospital environment directly affect the hormones which control labour to slow it down, says Auckland midwife Joan Donley.

And many of the complications that doctors talk about in normal births arise because of unnecessary interference in labour.

In fact, a British study showed it is safer to have a baby at home than in





Tony Marks and Cecile O'Driscoll (with two-year-old Liam) . . . "A responsible alternative."

# The case for both...

hospital, she says.

An analysis of British Government still-birth statistics showed that baby death rates for both high risk and low risk births were much higher in hospitals than at home.

## Death rate

Figures taken from all legitimate births showed a death rate of 14.8 per thousand in hospital and 4.5 at home. In high risk groups the figures were 10.2 per thousand (home) and 21.8 (hospital).

Professor Mantell questions the validity of this study because, he says, the two groups of mothers were not comparable.

Joan Donley declares that specialists trained in procedures of medical and obstetric interference used in abnormal deliveries are tempted to use them in normal ones.

The charge that doctors cause complications by interfering unnecessarily in labour is "an expected one," Professor Mantell says.

"One of the things that you have to be very careful about is that there is no evidence for one side or the other. Nobody has been able to compare one group with the other.

"I think there are undoubtedly instances of poor judgment resulting in patients coming to some harm because of what is done. But it's a very difficult area.

## Inductions

"Clearly we do too many inductions. I haven't got exact figures, but in a hospital like National Women's up to 30% of normal patients would be induced. That's a bit high for the normal population.

"Equally clearly, there are some people who don't have inductions who should have them. We are troubled by

*What would Mrs Mantell say about that? Wonder!!*

this issue, because of the unpredictability of labour. I am unaware of inductions being done for doctors' convenience. We need some way of looking at individual babies and then we can get down to inducing about 10% — and the right ones.

"As for forceps — well, 30% of the deliveries in a big hospital would require forceps. Let me say I would prefer all children of mine to be lifted out by forceps. All the terrible things you hear about forceps are about high forceps, and they're just not used any longer.

"What I would like to stress is that it's no good asking 100 patients about their labours and where they were delivered. Ninety percent of them would be normal straightforward births. For us that's not good enough.

"In a special study conducted in 1958, thousands of deliveries were examined to try and find the high risk babies. We all thought that this was going to be the answer in obstetrics.

"We now see that complications do arise in the 'low risk' patients. One third of the problems come from normal pregnancies.

"It's got to the stage now where the prospects for babies of very sick mothers can be better than the prospects for babies from unmonitored normal pregnancies.

## Emotive language

Professor Mantell is critical of the emotive language which is often used to described what goes on in hospitals.

"We have been built up as the ones who shoot people full of drugs and do inductions so we can have a nice quiet time." He blames newspapers, magazines and television for this negative image.

"The majority of patients will continue to choose to have their babies in hospital. They are being forgotten in this whole issue," he says.

He feels the furore has led to an increase in home births and fears it may cause the withdrawal of finances for obstetric practice and neo-natal research.

"I can understand why to some extent hospitals become associated with bad experiences. In 1973, for example, we had 1000 women who were transferred here — 500 of them in labour, 500 of them during pregnancy.

"They come here under great stress because things aren't going normally. One Pacific Islander in four who is transferred here in labour will lose her baby. So that's one aspect — 1000 patients a year do have a hard time and sometimes a bad outcome.

"And then there's the rigidity of hospitals that everyone is always talking about. Well, hospitals are changing. They've been changing for five years, most noticeably over the last two years.

"It's much more informal now. Mothers have their babies with them within five minutes of delivery and they can have them with them throughout their stay if they wish.

"Only about 60 per cent of the mothers want their babies with them all the time."

## Pain relief

Then there is the question of pain relief — another controversial one. Joan Donley believes that "all sorts of things" happen when the mother and baby are sedated to give pain relief. She says sedation prolongs and impairs labour, leads to complications in the baby like poor breathing, jaundice, poor muscle tone and reflexes, impairs the mother's ability to push in the later stage of labour and also interferes with the psychological bonding of mother and infant.

But Professor Mantell quotes from a study which showed "no difference" in babies of sedated and natural birth mothers. Both lots of babies got good scores in tests a few minutes after birth on things like heart rate, respiration, muscle tone, colour and reflexes. The study wasn't carried on more than five minutes after birth.

In the last decade many obstetricians and psychologists have become convinced that the first hours after birth are critical in establishing good mother-child relationships. The failure to form a strong bond can lead to later problems of neglect, emotional distress and even delinquency, it has been suggested.

Auckland general practitioner and psychotherapist Dr V. B. McGeorge has followed the debate closely.

He's been delivering babies at home since he started in medical practice in 1942, and he has had a life-long interest

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in mental health. He is a member of the Mental Health Foundation, but emphasized he was speaking for himself, not the foundation.

## Bonding

Dr McGeorge believes one of the biggest contributions that could be made to good community mental health would be to help establish good infant-maternal bonding right at the start.

In the first 24 hours of life together, they form an intense bond. "The mother in a sense falls in love with her child in the deepest possible way," Dr McGeorge says. "A benign interaction is set up which has life-long importance for the baby's emotional development."

"If it fails to establish itself, a vicious interaction may occur instead, with crime, depression, drug dependency and delinquency as its results."

His idea is to take the hospital to the home — that is, he says, to have oxygen, resuscitation and electric suction equipment on hand in case they're needed.

"I'm not here to criticize hospitals. I do feel that some obstetricians and gynaecologists don't have a full understanding of the overall complexities."

"The people who are having home births aren't protesters. They are concerned, responsible parents."

The New Zealand Home Birth Association was formed in Auckland in May, and has 150 members. Its aims are to:

- Educate the community about the benefits of home births;
- Encourage midwives and medical practitioners to practise and participate in domiciliary confinements;
- Carry out home birth/hospital comparison studies;
- Support domiciliary midwives.

"There are an awful lot of myths about home births," says Cecil O'Driscoll, who is on the association's publicity committee.

## Alternative

"They're not for everybody, but some people want them and we believe they should be a responsible alternative to hospitals. It's at least as safe, if not

safer, to have your baby at home."

Cecile had her first child in hospital, her second at home.

"My doctor came the day after the birth and said: 'You know, I've felt totally superfluous throughout this whole performance!' That's how doctors have been making women feel."

Tony Marks is the sales and marketing manager for a national food company and father of two home-delivered infants. He declares himself "a real convert."

"My wife was a nurse and wanted a home delivery if her doctor considered hers a normal pregnancy. I felt happy about it, mainly because she was obviously so happy about it. And I really enjoyed the experience. It's like launching a new product — lots of action and interest!"

"We want to retain the home birth option and make it more readily available."

"I think there's a growing feeling that we're overhospitalized anyway — not just in the birth area."

There are approximately 35 doctors and one specialist delivering babies at home in the Auckland area — about 7% of the medical profession in the area, Cecile O'Driscoll says.

"Apart from that, a lot are sympathetic. We hope to do research into their attitudes." ●

# No smoking — and watch your diet!

MIDWIVES are available for home deliveries in Auckland, Pukekohe, Wellington, Christchurch and Te Aroha.

The normal routine for a mother who wishes to have a home delivery is to check early in pregnancy with the midwife, who will refer her to a doctor in her area.

The doctor takes regular checks during her pregnancy to ensure everything is going normally. This is required by law. Any signs of complications or premature labour, and home delivery is out of the question.

Home delivery patients are carefully screened, and only normal deliveries handled. A previous caesarean delivery precludes home delivery.

There are three midwives working in Auckland — one of them a recent starter — and two in Wellington. The other centres mentioned have one each. In Auckland from 1974 to October 1977 the two midwives attended 177 home births, with no deaths, 22 transfers to hospital and 22 patients given pain relief.

From October 1977 till mid-June this year, they did 202 home deliveries.

"When doctors talk about 'home births' they refer to statistics which include all babies born out of hospital — including the ones born in taxis and under bushes — not just responsible home deliveries with a midwife in attendance," Joan Donley says.

"Everyone isn't a candidate for home

delivery. If a girl is frightened or her husband isn't supportive, she shouldn't try it."

Auckland midwives don't take women who smoke — it contributes to complications for the baby — and they don't do inductions, although occasionally they are necessary.

Home delivery mothers are expected to follow good dietary rules and exercise.

"We don't use sedation. The girls are relaxed at home, they have a positive attitude to labour, and they can move around as they wish — that facilitates labour," Joan says.

"We don't rupture membranes. We use massage, and in the transition stage I usually put them in a nice warm bath. In hospital they're told they'll go up the wall, and they're frightened into taking something."

"If we see things aren't going normally we transfer them to hospital care. It's just as easy to do that from their homes as from another hospital."

Joan is a mother of five children. The first baby she delivered at home was a granddaughter. She worked as a midwife at most of Auckland's obstetric units, including National Women's, before beginning home deliveries in late 1974.

"Most of our doctors are very interested and they attend the birth, but they usually stay in the background. We notify the doctor

about the labour and let him know how advanced it is.

"We put the baby straight on the breast after birth and as often as they want in the first few days. Our babies gain 8 ounces to a pound over their birth weight in the first 14 days."

"They're relaxed, alert, and have good muscle tone. When you've seen a baby born at home it's so natural and hassle-free. It's hardly the same thing that happens in hospital."

"It would be unrealistic to say that there is no chance or risk involved, but it's improbable. Our patients get very intense care and we know how they're feeling."

Joan Donley is booked up until April next year with deliveries. "I try and limit it to six a month."

"It's a satisfying life, but I wish there were more midwives. The biggest problem is that we don't get any time to ourselves."

Domiciliary midwives are registered with the Health Department and are inspected and paid by it. They receive approximately \$76 a delivery (\$20 for the day or days of labour and \$4 a home visit for the 14 days after).

According to Public Health Bulletin No. 26, the cost of hospital deliveries is \$390 per confinement, not including the capital cost of the bed. ●