

# HAVING A BABY AT HOME

YOU MAY BE thinking of having a baby, if you're the appropriate sex, and you may just be thinking of having the happy event in your own house.

There's been a lot of talk lately about home deliveries, as they're called, as if it were something new. In fact the first cave woman probably gave birth on the floor of the cave, and not too far from here in Australia, it's still not unknown for aboriginal mothers to disappear into the bush and come back an hour or two later having delivered the baby.

"Why shouldn't I have a baby at home?" This seems to be the question asked, with an air of defiance about it that comes from someone who sees herself as a misunderstood or oppressed minority.

Well, why shouldn't you?

New Zealand women seem accustomed to having babies in maternity hospitals with all that that implies.

In no way can a maternity hospital ever resemble a home; it must be organised to run smoothly and so a degree of institutionalisation must be present.

No way can you have the family around, but I guess most hospitals nowadays "allow" husbands (fathers, I'm sorry — these days so many fathers aren't husbands) into the delivery room.

Of course, it won't have escaped your notice that 10 years or so ago it was, except in a few small enlightened institutions, quite impossible for husbands to be present at the baby's birth.

What changed all that? Public pressure. The hospitals didn't alter their structure; I didn't notice any difference in the way maternity annexes were run; the nurses didn't change; doctors didn't change.

All that happened was that attitudes changed, and if you're a nasty little cynic as I tend to be, you'll note that the change of attitude didn't arise from within the professions. It was imposed from without. But then the pose of



## FAMILY DOCTOR

authoritative inscrutability assumed by both the medical and nursing professions has always masked a lack of social thinking. But that's an aside, although not irrelevant.

It is stated that mothers and babies are "better off in hospitals."

True, if things go wrong, and they can go wrong very suddenly indeed at delivery time, it's very comforting to have all the facilities for action available.

True, if the baby is small or has other problems, it's good to have an efficient neo-natal unit equipped to handle the problem hard by your door.

True, certain forms of pain relief such as epidural analgesia, can be administered only in a hospital. All these are useful and at times necessary.

But not every mother in labour needs these adjuncts, and this I suspect is where the dissenters have a point. After all, the "medicalisation" of childbirth can be a fairly unnerving experience.

The mother often has to lie in bed. (Mothers have been known to walk around until the baby is just about born and there's some evidence to suggest that it's no bad thing. However, try walking around in a maternity hospital until your baby is just about to drop and see how you get on.)

The mother may, if she's a "high risk" (you do, whether you like it or not, get reduced to this impersonal status) be hitched up to a recording apparatus displaying the baby's heart beat and the uterine contractions and the mother will be unlucky if she doesn't get onto an intravenous drip as well.

I can see this as off-putting to some women, and I can even appreciate their desire to have the baby at home.

(For the sake of the record and public interest, I've delivered babies at the side of the road; in the backseat of an old Austin Seven half way down Ngauranga Gorge on a wet and windy Sunday; in the backseat of a taxi; and over a toilet. Not that I'd recommend any of these situations as substitutes for home or hospital.)

The long and short of it though, is that, if you're in your 20s and are having an uneventful second or third pregnancy with no complications and have a good home and a midwife available, there's no reason why you shouldn't have your baby at home. It'll need a bit of organising, but there's no real bar to it.

However, a suitable compromise might be to go to the maternity hospital in late labour, have the baby there (it's really only during delivery that things can go awry in a hurry) and go home two to three hours afterwards. That way you get just about the best of both worlds, and a recent experience of mine when this happened convinced me that it can be a very nice compromise indeed. You don't even need a specialist obstetrician.

Of course, in a rational service we wouldn't have specialist obstetricians (goodness knows how many years' training in abnormal obstetrics) doing normal deliveries.

If you want to see where the money goes in really expensive health care, look at that aspect of things. But that's another story.

E.P.

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