

Home Birth Proposal Seen As Attempt To Shut Down Options

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A call for obstetricians to be in charge of all home deliveries is an attempt to shut down the home birth option, says the Auckland branch of the New Zealand Home Birth Association.

In submissions to the maternity services committee of the Board of Health, the branch says it knows of only one Auckland obstetrician sympathetic to home deliveries.

Research officer for the Auckland branch psychologist Dr Geoffrey Bridgman, says few obstetricians support home deliveries and even fewer have the knowledge and experience to function adequately in this area.

"This proposal by the Nurses' Association is nothing less than a demand for home birth parents to pay \$120 toward the cost of the birth," he says.

Three Choices

"The expectant home birth mother would be put in the invidious position of going to hospital where she might be subject to all its dangerous inter-

ference in birth, paying up and having at the birth an obstetrician whose skills might represent a danger to her and her baby, or breaking the law and taking the risk of having a home birth with a midwife or a doctor present."

Home birth, says the submissions, is at least as safe as hospital deliveries.

The Auckland Home Birth branch has attempted to prove this contention with detailed information attached to its submissions.

The branch urges the Board of Health to develop maternity services with a range of options which includes the large base hospitals already available, maintenance of cottage hospitals, development of birth centres and an extension of home birth services.

Basic Cost

More pay for domiciliary midwives to a level compatible with that of a public health nurse or Plunket nurse is also called for.

The branch proposes a basic cost for domiciliary midwifery services: antenatal visits \$9, delivery \$60, 10 post-natal visits \$100. Total \$169.

At present a domiciliary midwife giving a similar service receives: Antenatal visit \$3, delivery \$25, postnatal visits \$70. Total \$98.

"But in reality," says Dr Bridgman, "midwives usually receive about \$80 a case."

Aid Service

The branch submissions also urge that the emergency unemployment benefit should be available to fathers who stay home to assist their wives in the first two weeks after birth.

As an alternative, the branch suggests that the Home Aid Service, presently available at \$15 a day, should be made free of charge for up to two weeks.

Better training for all professionals involved with birth is also needed, says the submissions, which call for exposure to home as well as hospital deliveries.

"How long does the home birth movement with its emphasis on scientific research and objective analysis have to battle against folklore before obstetrics and midwifery students are exposed to the debate?" asks Dr Bridgman.

Reform Needed

"Current midwifery and obstetric courses urgently need reforming. In countries where rates of perinatal mortality and obstetric intervention are low, the midwife plays a key role in the delivery."

There is, Dr Bridgman says, a substantial group of pregnant women for



Dr Geoffrey Bridgman

whom home birth is not possible.

"But," he adds, "the group of women eligible for home birth includes about 75 per cent of pregnant women."

Quoting figures from Holland, where there is an extensive domiciliary midwifery service and some 50 per cent of births are in the home, the submissions say that in 1974 the perinatal mortality rate for 85,000 home births was 4.2 in every thousand.

This was considerably lower than the 23 deaths per thousand births in Dutch hospitals.

During the past five years in New Zealand the perinatal mortality rate for home births has been four to every thousand, says the submissions, while in 1975 the perinatal mortality rate in New Zealand hospitals was 16.5 per 1000 births.

No Deaths

And, reports the Auckland branch, not one home birth baby has died outside the perinatal period let alone through infant cot death.

The Auckland branch of the Home Birth Association is also concerned by the high rate of episiotomies performed in hospitals.

"Our figures indicate that over 70 per cent of women delivered in New Zealand hospitals have episiotomies," Dr Bridgman says. "Only 2½ per cent of women delivered at home had the same procedure."

In light of these and other statistics, the branch has called for up-to-date hospital statistics of rates of perinatal mortality, induction, episiotomy, foetal monitoring, forceps delivery and caesarian section.

It also wants publicised figures on the incidence of cross-infection and of brain damage at birth, and the percentage of mothers for whom successful breastfeeding—up to six months—is initiated in New Zealand hospitals.