

Home birth alternative

What once was regarded as a common occurrence has now become increasingly rare in New Zealand.

The New Zealand Home Birth Association wants to change that.

The association, formed in May 1978, encourages home births as an alternative to hospital births and it wants to protect the right of women to have their babies where they choose as long as the alternative to hospital is safe for them.

A member of the publicity committee for the association, Mrs Cecile O'Driscoll, of One Tree Hill, is a strong supporter of the association.

She says the organization doesn't want to run down hospitals.

"There might be some individuals in the group who are anti-establishment but generally speaking the home birth association does not want to denigrate hospitals.

"We realize that the majority of women both now and in the future will have their baby in hospital but, we think that for those women who want their babies at home the option should be there."

Mrs O'Driscoll has two children, her first a daughter, Elizabeth, was born in hospital, her second a son, Liam, was born at home.

Mrs O'Driscoll knew very little about home births until she had her second child.

The birth wasn't planned to be at home she says, but everything happened so quickly she had little

choice.

She had originally intended to have Liam at hospital and return within 24 hours.

She believes having a baby at home is far more relaxing than going to a hospital.

She particularly enjoyed the chance to keep Liam with her after he was born and being allowed to suckle him until he started to feed properly.

Having her husband with her to help with the birth made it a truly family experience, she says.

After Liam was born Elizabeth (then about two) was allowed to snuggle into bed with her mum, dad and new brother for a little while, something that would never be possible in a hospital.

In contrast Mrs O'Driscoll had Elizabeth in hospital.

She had asked that she be given no drugs so she could be fully aware right throughout the birth.

She also asked if her husband Brian could be present although they did have to sign a paper agreeing that if there were any complications he would leave the theatre.

Mrs O'Driscoll thinks this is a stupid condition.

"If there are any complications you are going to need your husband more, not less."

In a hospital and home birth situation Mrs O'Driscoll believes husbands should be with their wives.

She says often husbands can feel alienated from the child if they are not permitted to share in the event.

"This way they feel it is their baby too, not the hospital's."

Mrs O'Driscoll had prepared for her births by attending antenatal classes and practising physiotherapy and breathing exercises.

"I wanted to have as natural a childbirth as possible."

She has no criticisms about her nursing care, saying it was never impersonal or unsympathetic, but she does think doctors are sometimes a little too willing to "step in and push things along" if the birth is not going the way they want it.

She thinks a new born child is very much "their baby" in a hospital birth.

She was disappointed that after having Elizabeth she was only able to hold and feed her for a short while before she was taken away and Mrs O'Driscoll was told "to try and sleep".

She thinks hospitals can unintentionally instill a sense of inadequacy in young mothers because while they are in hospital for the week to 10 days after the birth everything is done for them.

Then when they have to leave they may not feel confident about looking after their child.

Mrs O'Driscoll didn't feel inadequate when Liam was born at home.

"After having him even though my husband and mother were offering practical support, you need to do a little more right from the start.

"Because of this I felt quite confident that I could look after my baby competently.

One of the most important features of a home birth Mrs O'Driscoll believes is the opportunity to establish a bond between mother, father and the new child.

Studies of bonding conducted in the book "Mother and Child Interaction" by Klaus and Kennell have shown that even after five years children who were left with their mothers when newborn were higher in language tests and had higher IQs than children who were subjected to normal hospital routine.

The home birth association believes health authorities are trying to dissuade doctors from

attending home deliveries keeping the inducements for domiciliary midwifery so low that few are persuaded to become one and making it difficult for present domiciliary midwives to cope with the demand for home deliveries.

Mt Albert midwife Ms Joan Danley says the growing trend to home birth in New Zealand, as overseas, is tied in with the trend to alternative life styles and the women's liberation movement.

The primary goals of women's liberation coincide with the interest in home birth.

Women are determined to extract from each single pregnancy and birth experience a totality of emotional and psychic content, she says.

Domiciliary midwives are registered with and inspected by the Department of Health.

They are also paid by the department on a contract basis.

Under legislation a woman wishing to have her baby at home must have the approval of a doctor who assesses her for risk factors and does the antenatal and postnatal checks.

The midwife attends the patient in labour, keeping the doctor informed of progress and notifying him when delivery is imminent; she also supervises the postnatal care for 14 days.

Only normal deliveries

are done in the home and patients are well screened.

Midwives do not routinely interfere with the birth process and sedate women.

They give sedation only rarely and don't administer tranquillisers.

Should a woman require a second dose of sedation she is transferred to hospital.

The association believes that in many cases drugs can complicate what might otherwise have been a normal labour and endanger the newborn baby.

The baby's immature system is not equipped to eliminate drugs and they can be retained for a week after birth.

The can also affect feeding behaviour.

How is the birth accomplished without drugs?

Antenatally patients are asked to take raspberry leaf tea or tablets, and old folk remedy for easy birth.

The positive attitude of patients plays an important role.

Surroundings too can play a part — emotionally distressing stimuli can inhibit normal uterine activity.

The association believes this frequently occurs in hospital because of the environment, "strange people, loss of autonomy and control etc.

At home the midwife guides but does not impose.

She uses massage, effleurage (gentle stroking of

the abdomen and thighs) back rubbing, frequent changes of position and encouragement.

When the baby is delivered it is placed face down on the mother's abdomen and its back covered to prevent heat loss.

The midwives do carry resuscitation equipment but since the babies are unsedated they usually begin to breathe quickly, often before their bodies are delivered.

After the baby is checked, weighed, measured and dressed and the mother showered, the baby is returned to her and she suckles it for as long as it wants.

The biggest drawback as far as midwives are concerned is too many visitors and lack of adequate home aid service.

They would like to see the Government provide a back up home aid service plus a nappy service.

In view of the minimal cost to the Government of home births they believe it could well afford to provide this.

If anyone would like to know more about the association or is a qualified domiciliary midwife they can contact Mrs Joan Donley, Mt Albert 887-759, Mrs Caroline Young, Henderson 38-426, Miss Irene Hogan city 764-747, Mrs Cecile O'Driscoll, One Tree Hill 659-181.