

Home comforts in attendance

BIRTHS MADE cosy and comfortable in the familiar surroundings of her own home might have seemed a remote dream or a nightmare a little too close to home for a woman a few years ago.

However today more and more women seem to be forsaking the clinical surroundings of a hospital ward for the cosy unconventionality of a home birth.

Although home births by design, rather than accident, only became available in the Wellington area in April 1978 through the efforts of midwife Lyn McLean, today a second midwife, Jennifer Sage is operating exclusively in the Hutt Valley-Wainuiomata area.

Both midwives have the active support of the Wellington branch of the New Zealand Home Birth Association.

While the idea of home births is not a new one, it is still to gain favour with many women.

Jessica MacLean, publicity officer for the Wellington branch, says advocates of home births have some subtle arguments to advance in favour of this method of delivery.

The mother and child are not the sole aim and object in considering a home delivery. There's the part other members of the family play in a birth at home.

There's the husband to consider for instance. Jessica says he becomes "the master of ceremonies" rather than

By MICHAEL ELPHICK

the "bottom rung of the ladder." Rather than a nervous figure banished to endless pacing of an interminable hospital corridor, he is very much part of centre stage.

Jessica says because it's his own home, he is able to provide vitally needed support and encouragement for the wife, creating an atmosphere in which birth becomes a family-centred experience.

Jessica explains that a mother requires familiarity and continuity with the people involved in a birth,

something it is impossible to achieve with changing hospital shifts.

Then there's the other children of the family to consider, assuming that a home birth is not a first birth for the mother. A baby is able to bond with its brothers and sisters quickly, assuming its place as part of a family unit. Other children do not feel cut off or neglected by the mother.

Jennifer says there are good medical reasons for a mother, such as staying at home at labour time. However she stresses that she is pro-home birth rather than anti-hospital.

She says with home birth there is no chance of unnecessary intervention with drugs such as pethidine. Routines such as shaving, and monitoring of the fetal heart and confining the mother to bed are not strictly adhered to.

The mother is able to choose her birth position and is more mobile prior to birth, not being confined to a hospital bed.

Jennifer stresses however that there are certain limitations with a home birth that must be observed. Birth this way can only take place if labour and pregnancy is 100 percent normal. Any slight deviation, such as the labour taking too long, or a breach delivery requires hospitalisation. In addition a woman expecting twins or who has had a previous caesarean must go to hospital.

There have been some home births in which a quick transfer to hospital has had to be effected. However this has usually been done without fuss in the woman's car, and she has been able to return within 48 hours.

About 20 doctors in the Wellington region provide ante-natal care for mothers, attend the birth and provide support afterwards ensuring that it's quite safe.

• LEFT: Mothers whose babies' first glimpse of the world was not a bevy of white-cloaked hospital figures. Back (left to right) Helen Staples, Jennifer Sage (midwife), Jessica McLean, and Vanessa Moon (front).

