

The Southland Times

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Home Confinement Women's Choice

Not surprisingly, the new Minister of Health, Mr Malcolm, has attracted a fair amount of criticism for his remark that the "trendy advocacy for home confinements in New Zealand should be discouraged." The move towards home births in this country is growing, with associations in many centres and a New Zealand-wide organization. It is particularly strong among younger women for whom it represents a warm, family experience, and is in line with the feeling that birth and death should not be institutional experiences.

Many women will resent the Minister's remarks, particularly the use of the word "trendy" which conjures up visions of alternative life styles. These really do not apply in most cases. The home birth association is a sensible, serious movement, with the belief that if a woman wants to have her baby in her own home, then she should be able to do so.

Nevertheless, the Minister is reflecting the prevailing medical opinion that hospital deliveries are the safest and most effective method of caring for both mother and child. This is borne out by the British experience he quoted in his speech to the Asia-Oceania congress of Perinatology. It was found that a big drop in home births there in the past 20 years coincided with a marked drop in infant and maternal mortality. A search of New Zealand statistics of the past more than likely would yield similar results.

Because it is comparatively new, there has been no published indication of how widespread the practice has become. What it has succeeded in doing is revolutionizing the hospital approach to childbirth and after care. Husbands may attend the confinement, there is a far more informal atmosphere, with more elements of choice for the mother. Home confinements have wrought a change in what was an authoritarian situation against which many women rebelled. It could be said that the move towards home confinements is a reaction against older medical and hospital practices.

The Minister may dislike the trend, but if a woman prefers a confinement at home, she should have the choice, provided she is acting within the advice of her doctor. This brings in the element of cost, which should in fairness be borne by the patient. The State should not have to set up a parallel service when it provides a perfectly adequate hospital service. The immense costs of hospital care may, however, mean that it would be cheaper to the State if some women had their babies at home.

In this instance, it is the women's right to choose. The number of women who would choose home birth over hospital is probably relatively few, but the choice should be there.

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