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HOME BIRTH

Firstly, I don't advocate home birth although I am quite willing to participate. In my opinion, hospital is the safest place to have a baby but home is certainly the nicest. I am not trying to convert my colleagues but merely to point out that home birth is alive in Nelson and burying heads in the sand won't make it go away.

Why am I accepting of home birth? I am a conservative general practitioner who gained clinical experience in Nelson and subsequently a Diploma of Obstetrics in Auckland. I know all about foetal heart monitoring and perinatal mortality. However, I spent two years in Nepal and attended numbers of home births, sometimes carrying my forceps ten miles by foot. The Sherpas are Buddhists and accepting of their destiny. There aren't many Nelson home birth couples who are Buddhist but many do have a kind of acceptance of destiny when it comes to risk taking.

Naturally home birth in Nelson is quite different from Nepal. The usual ten to twelve antenatal attendances are made, a competent midwife is available to supervise labour, electric light, telephones and motor vehicles are available, and a first class maternity unit is close at hand.

I have now in the last three years, supervised twenty four home births in Nelson. Most were extremely pleasant experiences where I have felt very much part of the family scene; sometimes sitting on the edge of the bed giving encouragement through the second stage, holding siblings for a better view, explaining progress to older children and celebrating afterwards with beer or wine. In my bag of tricks I carry a neonatal tube and laryngoscope, but no oxygen. The midwife has a mucus suction extractor and I also carry IV fluids for maternal replacement if necessary.

Of the twenty four deliveries, four have been transferred to hospital. One for ? intra-uterine growth retardation, another for premature labour at 36 weeks, another for maternal distress early in labour, and the fourth whose labour was prolonged, with distress at the end of the first stage. The remainder all had well controlled births (prima gravida) and only one of these had seemed to me a difficult time. This person would certainly have been offered an epidural in hospital. She was a "gutsy" woman who delivered after 20 hours of grim determination. One of the most memorable deliveries was on a cold winters night after finding my way through dismantled motor bikes and yapping dogs on the front verandah, I eventually ended up in a cosy back room with roaring fire and plenty of supporters on hand. There was an atmosphere of concentration on the mother-to-be but also some healthy light heartedness as bets were placed on the sex, and cameras clicked. After all, why should it be serious. I have now become quite used to tape recorders, tripods, movie cameras, but occasionally I have asked myself just who is this home birth meant for. Sometime onlookers have seemed to be more emotional than the couple who have quietly got on with their delivery.

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Occasionally children have been a little frightened in that the expected pink cherub is somewhat cyanosed and blood stained at delivery, and the placenta has obviously been somewhat alarming. However I can't help thinking that it is a great experience for children. I recall a scene in Nepal where a three year old watched his mother deliver, squatting, and as the baby literally flopped on to the floor the child asked "whose is that baby?" to be told "that's my baby", to which he replied "where did that baby come from?" : a great way to learn that facts of life.

In the Nelson region over the last four years, there have been 107 planned home births, which is about 3% of all Nelson deliveries. Of the 107, 91 went ahead all supervised by a registered midwife. There were two episiotomies, 29 tears were sutured, and there were 3 cases of puerperal infection. Sixteen cases were referred to hospital; three premature, 1 antepartum haemorrhage, 6 for slow progress, 2 maternal distress, 1 breach, 1 overdue, 1 hypertension, 1 ? intra uterine growth retardation. Of these 6 had normal deliveries in hospital, 6 had forceps, 3 caesarian section, and 1 premature still-birth.

Why do these couples want home birth? I am quite sure that they don't hate hospitals despite the fact that they are armed with statistics re numbers of episiotomies, forceps deliveries, and caesarian section rate. It seems to me that the major issue is that they wish to control what happens to them, hence when they come to me they are already totally attuned to any extra risk of birth at home (small as it may be) and are prepared to accept that responsibility. We spend considerable time talking through this, largely for my sake I'm sure, for I explain that I cannot guarantee to be present at the birth, whereas in hospital there will always be someone available who could be called. There could be considerable delay at home if an unexpected complication occurred. The risks are small, but as I say these couples openly accept this situation. If I am going to be out of town I try to arrange cover. If this not available the couple have no choice but to go to hospital.

It has often been suggested that couples should have their babies in hospital and go home immediately after, if all is well, and therefore achieve the aim of being in their own surroundings. However, it seems that the home birth couples wish to have this sense of control, not only regarding the management of their new born but also the process of its entering the world. I should also add, that having ones own midwife who will be there right through the process, is an important factor. It is not possible to offer this in the hospital situation, where nurses change shifts and therefore it is impossible to achieve the sort of rapport that is possible with the home birth midwife.

As you all know there are plenty of women who prefer hospital delivery. They feel safe, and they love their after-care; and having all needs attended to. Home birth is only for the well motivated and determined minority.

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I haven't mentioned patient selection, but that goes without saying. Poor risk cases I turn down, during the antenatal period; prolonged labours, abnormal bleeds, and complications during labour are transferred. I do wonder though whether I am being consistent when I refuse someone who appears to have a mild pregnancy problem (a case where I fancy having a foetal heart monitor handy) and I accept someone who lives an hours drive away (where I am 95% unlikely to be present at the birth).

The problems for me in being involved with home birth are firstly that only three doctors are at the present time interested, and therefore arranging cover is not easy. Secondly, although the majority of deliveries have been a lot of fun, in a few cases I have felt merely involved because that is the statutory requirement for the midwife. Fortunately this does not happen very often and on most occasions I have felt much part of the scene. Thirdly, consultations with home birthers can be extremely time consuming. These people are not all alternative life stylers, but they've all done their homework and have lots of questions.

Over-all I have enjoyed my involvement in home birth and can accept that these couples take some responsibility for what they are doing. I have learnt a great deal more about the actual birth process, and have been stimulated to read more of the teachings of Kitzinger Gaskin Lang and others. A year ago I would have sent couples off to physiotherapy classes, but now I find myself becoming more involved in the so-called psycho-prophylaxis of labour.