

State, doctors 'force' midwives to quit

Some women are delivering their own babies at home because the Health Department has forced many qualified domiciliary midwives out of business, says the Home Birth Association.

Association spokesperson, Dr Deryn Cooper said the department's system of paying homebirth midwives meant most of them earned a maximum of about \$8000 a year.

Financial hardship and heavy opposition from the medical profession had forced six of the nine in Auckland to give up during the past year.

As the number of people wanting home births increased, many women were being forced to have their babies in hospital against their wishes, Dr Cooper said.

"What worries us most is that some women are so dedicated to a natural birth at home that they are having their babies at home without a midwife."

Some parents were using lay midwives who were not qualified and had no formal training.

The health department and a large section of the "medical hierarchy" seemed determined that the home birth movement should die and were largely to blame for the unsupervised births, she said.

"Women and their husbands are going to continue to have their babies at home and whether it's with effective domiciliary care or on their own is up to the Health Department."

The association was encouraging women to lobby the Health Department for an adequate number of midwives on salaries comparable to other sectors of the nursing profession.

The Health Department's assistant director of clinical services, Dr Dennis

Feeney, said he was not aware of any unsupervised home births.

"But if these people (the association) have this kind of information, they should let us know. It's a matter of great concern to us."

Dr Feeney said women who wanted a home birth should make sure they had adequate medical supervision.

"If they can't get a domiciliary midwife they have a duty to themselves and the baby to make sure they have access to a general practitioner or an obstetrician."

The department recognised the right of every woman to have her baby wherever she wished and was not trying to kill the home-birth movement.

Dr Feeney said he understood negotiations to increase domiciliary midwives' fees had been going on this year but to have gone by the board because of the price freeze.

● International Home Birth Week begins tomorrow and the association will mark it with a series of stalls in Auckland shopping centres.

Bleep bleep, it's play time

LONDON. — A London columnist wants to start a campaign against digital watches in theatres. He says it is impossible to go to the theatre in the West End without every eight o'clock and nine o'clock, or even 10 o'clock, being punctuated by bleep-bleeps all around in the darkness. The worst feature is that because some watches are out of time, the bleeping can spread across half a minute. — NZPA.

Home births not just for hippies

HAVING a home birth is not the prerogative of hippies and people following alternative lifestyles, says the secretary of the New Zealand Homebirth Association, Mrs Henriette Kemp.

Reacting to a statement made in Auckland yesterday by the Minister of Health, Mr Aussie Malcolm, Mrs Kemp said it was not trendy to have a home birth.

Mr Malcolm had told delegates to the Asia-Oceania congress of perinatology that the "trendy advocacy" for home confinements in New Zealand should be discouraged.

Mr Malcolm said he hoped it would not take tragedies to convince the community that hospital deliveries were the safest and most effective method of caring for both the mother and the child.

He quoted figures from the United Kingdom where a big drop in home births in the past 20 years had coincided with a marked drop in infant and maternal mortality.

His comments have astounded members of the New Zealand Homebirth Association who have already been on the phone to his office asking where he got his facts from.

Mrs Kemp said that the sort of home births evolving in New Zealand were very different from the concept of home births that the politicians seemed to have.

"It seems to me a typical reaction of the majority of the medical profession," she said. "They are taking an alarmist attitude more based on personal prejudice rather than objectively stating the pros and cons."

"What we are into now is a really responsible, prepared home birth."

She said a home birth was supervised by two professionals. Mothers were carefully prepared, advised on nutrition and screened out if they were likely to be at risk.

The numbers of women, midwives and doctors involved with home births had increased so much in the

past few years that it could not be regarded as a trend.

The women opting for a home birth were average New Zealand mothers, not hippies and not necessarily people following an alternative lifestyle.

Labour MP Dr Michael Bassett said Mr Malcolm's comments on home births were an insult.

He said Mr Malcolm was instructing medical experts in an area in which he possessed "not the faintest expertise."

"The minister is also overlooking the fact that, with many small maternity hospitals being threatened with closure around the country, home birth is an alternative

the logic of why, suddenly, in one of his first public duties, Mr Malcolm chose above all the other desperate issues in health to attack those people who merely wish to have the choice of giving birth to their babies in their own homes.

Why on earth should the home birth movement be all that important? There are only 500 supervised home deliveries compared with approximately 50,000 in maternity hospitals. Was his attack then solely due to the fact that he was speaking at the Asia-Oceania Perinatal Congress — the enormous cost of which was presumably partly funded by the drug companies and the hospital equipment companies whose products the home-delivered baby has no use for? Surely that couldn't be the reason? 16.3.82

And Mr Malcolm's adding ability? Is he not aware yet of the cost of a maternity hospital bed, now at least \$1000 a week, compared with the cost of a home delivery, about \$200 for the same period and which would only increase fractionally even if midwives were to be given a proper wage? Has he forgotten the recent call by National Women's Hospital for a single birthing chair, at \$7000, to be incorporated into a questionable study (when international data is already available as to the importance of not restraining the delivering woman in an anti-gravity position)? The association has had a wooden birthing chair for some time. It cost \$30 and has only been used twice because at home special equipment is unnecessary.

The association fervently hopes the answers to these and other questions may be forthcoming in later utterances by our somewhat uninformed minister. In the meantime, perhaps a further point to mention, at home there is no danger from the fearful spreading infections such as the Golden Staph at present killing patients in hospitals throughout Australia. That could be said to be only one of the many reasons why birth at home is at least as safe as birth in hospital.

Come now, Mr Malcolm, learn to count a little better, do a little more homework, and don't be frightened to think for yourself. You'd then see that the home birth movement is right behind you in your struggle for better and cheaper health care.

DERYN COOPER,
Spokesperson,
Auckland Branch, NZHBA

Birth places STAR

I AM sorry to discover that the new Minister of Health is not only confused but is also apparently unable to count. His early statements adopting a "roll-up-the-sleeves" and "back to basics" approach to health care were applauded by the New Zealand Home Birth Association because that is exactly what home birth is all about. It is therefore hard to understand

Home-delivery deaths prompt investigation

The Home Birth Association will investigate the deaths of four home-birth babies in the past 12 months — the first in six years of home deliveries in Auckland.

The association wants to find out if any procedures need to be changed as a result.

Three of the babies died within the past three months, the latest on Monday morning. All four had been taken to hospital from home because of complications in the delivery.

Domiciliary midwife Joan Donley said that in the most recent case, the mother was taken to hospital after the foetal heart stopped beating. The baby was stillborn.

One of the babies had severe congenital malformations and, said Ms Donley, would not have survived no matter where it was born.

"The baby died four days after birth. If the mother had been in hospital, she wouldn't have been able to hold and feed the baby and care for it. In

hospital, it would have been whisked away to intensive care."

Ms Donley said it was a hypothetical question whether the other babies would have survived if their mothers had been taken to hospital at the beginning of their labour.

"Death occurs in childbirth. They save many babies in hospital, but I would query whether some should be saved."

"There are risks with every birth and I don't think you can take an unrealistic stance that there will never be a death that cannot be prevented."

Women would have babies at home even without the assistance of a midwife, she said.

Home births had increased from 60 a year six years ago to about 300 a year now, she said. There are now five domiciliary midwives doing home deliveries in Auckland compared with two then.

She had no doubt home births would be criticised as a result of the latest figures.

The medical establishment would use the figures to try to "squeeze us out or whip up public fear and opposition to us."

She said every possible precaution was taken.

Home Birth Association committee member, Dr Geoff Bridgeman, said there have been only six deaths in 1300 home births in New Zealand in the past six years.

"We will be looking at the circumstances surrounding the last four, but the only situation we are concerned about at this stage is what happens in transfer, and particularly our communication with the hospital. We would like to improve this so that transfers occur in the best possible circumstances. We would like to have speedier transfers if possible."

"Obviously, once you have a transfer, the risks of home delivery increase appreciably and we have to make sure these risks are minimised."