

Dom
18.11.82

Home birth devotees fight to keep option open

By ANNA SMITH

GIVING birth to two babies in a hospital made Henriette Kemp of Wellington determined to have her third at home.

Her decision was not a protest or a kick at the system. It was just a wish to have her child in the most natural and peaceful way possible.

Her trip to the only domiciliary midwife in Nelson (where she was living at the time) was not without trepidation. She had heard the stories about mercy dashes to hospital when something went wrong with a home birth.

But somehow the midwife put her mind at rest.

"I felt such a lot of trust in her. We said, between us we're going to make this work. And we did," Henriette said.

As co-ordinator of the Wellington branch of the New Zealand Home Birth Association, Henriette is now in the business of promoting home births.

'We're doing it because we think and know it's best for the baby and for the parents.'

Though New Zealand cannot match Holland's record of two home births in every five, the number of planned home births here has risen noticeably in the past six years.

In the year to May 1981 the association recorded 350 home births. In the following year there were 461.

It may be a surprise to some that the move away from hospital births is not happening on the cultural fringe.

Henriette says women wanting to have their babies at home are white, educated and middle class. More than half the home birth mothers in Wellington are university graduates.

"We're doing it because we think and know it's best for the baby and for the parents. We're not prepared to give our bodies over to 'the people who know best'.

"We want to avoid the unnecessary complications that are happening in hospitals these days. We like to have the family involved and we like to avoid the artificial cut between home and hospital," Henriette said.

Publicity about water births in New Zealand has angered the association.

"We have one water birth and it's blown up into a huge story yet there are hundreds of home births occurring in New Zealand every year," she said.

The association is also worried that the public will think home births and the controversial water births are one and the same thing.

"The two are totally different. One is a very way-out thing whereas we're in'to as natural and unsensational a birth as possible. We're not into dramatic, sensational claims about our babies having increased IQs."

Home births are not for everyone though, and the association is the first to say so. To their mind about 75 per cent of women have straightforward births and could be eligible for a home birth. The other 25 per cent are better off in hospital.

Mothers who smoke, have high blood pressure or a history of complicated births will not be accepted by most domiciliary midwives. Home births are unsuitable in the instance of undersized or premature babies.

Henriette admits there is a small chance something will go wrong with a home birth and the mother will have to be rushed to hospital.

"There have always been a number of deaths around birth, even in home births. Most are due to congenital abnormalities and they are inevitable," she said.

However, most midwives work within a half-hour radius of the local hospital and make arrangements for a transfer in case it is needed. They also carry emergency equipment such as oxygen, drugs for controlling bleeding and suction equipment.

The association feels most risk factors can be ruled out if mothers are properly screened. They place a lot of emphasis on good ante-natal preparation such as proper nutrition, breathing exercises and having the home properly prepared.

It is also important for the parents to know the midwife and the midwife to know the doctor. In New Zealand there must be a doctor at every home birth.

"Just because you are keen to avoid that one in a 1000 risk of a baby dying, it doesn't mean you have to sacrifice a good positive birth experience for the other 999, which is what we feel happens when you go to hospital," Henriette said.

"It's not only a matter of making the mother happier. If the mother is happy the birth will go better. She is less likely to have complications and the child will be born in such a different way."

Though the association's 1500 members are in no doubt about the benefits of home birth, they are having problems ridding the public and members of the medical profession of their prejudices.

The association has held a home birth week to tell parents, doctors, nurses and the public what home birth is all about.

"We feel there are a lot of threats to the home birth option in New Zealand at the moment," Henriette said.

"We have a Minister of Health, Mr Malcolm, who believes in 100 per cent hospitalisation. He is willing to pay lip service to a woman's right by law to have a home birth but he will not actively support it."

The association fears low rates of pay for domiciliary midwives — about half to two-thirds the rate of hospital midwives — will force many out of business.

Domiciliary midwives receive \$166.55 for each delivery which includes one ante-natal visit, the day of labour and 14 days post-natal care.

Most midwives perform about 50 deliveries every year which gives them a gross salary of \$8327.50.

A recent 17 per cent rise, to have been effective from October 1, has been postponed by the wage and price freeze.

"It's just not realistic. We've had to support the Wellington midwife as an association, otherwise she wouldn't have survived," Henriette said.

A recent Health Board committee report on maternity services has also caused a flurry in the home birth camp.

Though the report has yet to be released, the association has received a copy and says it does not augur well for home birth.

"It is plainly restrictive. They certainly want to keep the number of home births down," Henriette said.

She said the report recommended:

- Domiciliary midwives practise in a defined area only and within one hospital board area.

- Only registered midwives be able to carry out home births (which rules out obstetric nurses).

- A midwife's contract be able to be refused if she has no recent hospital experience.

- The general practitioner should hold a hospital board contract and should apply strict criteria for the selection of home birth mothers.

- The number of domiciliary confinements attended by one midwife be preferably in excess of 15 a year.

□ A domiciliary midwife's practice evaluated by a competent, practising midwife and obstetrician.

"Under the pretext of improving supervision and ensuring a high standard of home births, they are just restricting our numbers," Henriette said.

A minimum of 15 deliveries a year would rule out half the domiciliary midwives practising in New Zealand, who performed home births on a part-time basis.

"It means further control and more power over midwives. Bringing the control of hospital boards under the control of hospital boards will mean midwives from the hospital board will start dictating what sort of practice domiciliary midwives can have," she said.

Henriette says the gap between the public and the people who believe in home birth will always be hard to bridge.

"It is rather sad and disappointing that we have to rely on a negative, alarmist kind of publicity to get our message across to people."

"I would like to see doctors and nurses put more emphasis on positive education about home births," she said.



HENRIETTE KEMP