

point of view
by valerie davis

Home births:

Right of choice isn't much to ask

Nothing enrages me more than assumptions made by men about women.

Though such men may wish, like Henry Higgins, that women would be more like men, the fact is they ain't and they are never less like men than when they are having babies.

So the reports on home birth versus hospital birth at the recent Asia-Oceania Conference in Auckland left me frothing at the mouth.

The Minister of Health practically provoked a heart attack, my blood pressure rose so high on reading his condemnation of what he had the gall to call "trendy home births."

His statement that the drop in home births in the past 20 years in Britain coincided with a drop in infant mortality proved what we all know — that statistics can be used, or misused, to prove anything.

If I were Minister of Social Welfare I could probably use the same set of figures to prove, with a good deal more accuracy, that the increased number of hospital births has coincided with the appalling increase in battered babies in Britain triggered by the lack of bonding at birth caused by insensitive and brutal hospital delivery procedures. (And I have had personal experience of them.)

Mr Malcolm, of course, was not the only man to rubbish home births.

It is in the interests of men to do so, for they are usually the people who are building empires and benefiting from the extension of huge hospital centres caused by the closing of small, "uneconomic" local maternity homes and forcing all women to be carted into great central birth depots administered, for the most part, by men.

As for Mr Malcolm's harking back to British precedents — I can, too. During the hospital strike in Britain a few years ago, no babies were born in hospital except in medical emergencies.

In follow-up surveys of women who had had their babies at home during this period, an astonishing 70% of mothers said they would prefer in future to have their babies at home if the choice existed.

Most of those who opted for hospital births were women who already had large families and who said they appreciated the rest they got in hospital.

Which proves not that we need bigger and better maternity hospitals but that what we actually need is convalescent rest homes — not just for tired mothers, but for convalescing patients of all descriptions.

But getting back to the maternity hospital issue: It is convenient for all these experts to assert that infant mortality drops when babies are born in hospital. They must also be aware that use of forceps, painkillers, caesarians and inductions also increases with more use of hospitals. All these are likely to promote lack of proper bonding between mother and child, yet only sometimes are these procedures really necessary.

It is like vivisection. Researchers are not going to do themselves out of a job by saying they have done all the experiments they need on animals. Nor are specialists going to admit that they are necessary only sometimes.

Have these experts not come across Professor W. G. Whittlestone's research into cows and their behaviour during labour?

Fear, he has discovered, causes adrenalin and other chemical reactions to interfere with the release of hormones which trigger the bonding and lactation process. Fear was usually induced by forcing the cow to give birth in strange or frightening conditions.

Which is what happens to far too many of us when we are herded into hospital to give birth.

In case the worthy experts rubbish this research on cows, as a director of Plunket once did, saying to me that women were not like animals, let us admit that we cannot have it both ways.

Either all those experiments on animals and bonding, and all the other experiments on animals in the name of medicine, are worthwhile because they have some validity for people, or they are not worthwhile because they are not applicable to people.

In which case, let's release all those trapped and tortured creatures into a better life, and start listening to people and considering their symptoms, illnesses, needs and wants.

No man can possibly know what it is like to have a baby, which is why I find it so significant that it was women who defended home births at the conference and it is women demanding to have them in the community.

There is no comparison between having a baby at home — pottering around your own kitchen, getting on with things and coping with labour pains when they catch up on you — and lying on a white bed in a white room, with strange people all round you, with nothing to do but concentrate on the pain, which becomes much worse because there is nothing else to do but think about it. Painkillers are rarely needed for home births.

I find it food for thought, too, to know that Englishwomen in English hospitals are in labour, on average, five hours longer than Frenchwomen.

This must have some reflection on our Anglo-Saxon hospital procedures, and should give our Anglo-Saxon experts some food for thought too.

If women are rejecting hospitals and wanting home births, they are not doing it because it is "trendy," but because the alternative, hospital birth, is so unattractive.

It has been claimed that two fatalities out of 1000 home births, compared with 15 (I think the figure was) out of a 1000 hospital fatalities, is not good enough, because home births should be 100% safe. The remedy lies in the experts' own hands.

They could finance ambulance flying squads like they used to have in England, so that if unexpected complications do develop in those two women out of 1000, they can be rushed to the safety of hospital.

But to assert that the improved figure for infant mortality in Britain has anything to do with hospital births, versus home births is to ignore the work of all branches of medical science in the last 20 years.

Improved nutrition, antenatal care, recognition of the importance of breast-feeding in the first three weeks, improved medical techniques for saving premature babies, all these and more have played their part in reducing infant mortality — not just the difference between hospital and home births.

Unless male advocates of hospital births can come up with more convincing and water-tight arguments for a hospital monopoly on child birth instead of relaxed home births with midwife and family in attendance, I will never be convinced that the whole controversy is not a male attempt to keep jobs and status.

Self-determination for women, even in labour, is a threat to men's jobs under our present system. No wonder men are resisting it and denigrating it. Home births are not trendy, they are comfortable and happy. So why should women not have the right to choose?