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Few feel attracted to home birth midwifery

The major problem confronting the home birth movement in New Zealand is making domiciliary midwifery an attractive job option, according to American researcher Deborah Sullivan.

Ms Sullivan was in Nelson over the weekend to address the national home birth conference about "birth options and the re-emergence of the midwife". She has been in New Zealand for about three months conducting a survey from Waikato University and midwives' role in hospitals here and their attitude to home births.

"A number of midwives who responded to the survey were very sympathetic to home birth but when asked why they didn't practise (as domiciliary midwives) they cited low pay, irregular hours and transport difficulties as the major reasons," she said.

Domiciliary midwives in New Zealand have a contract with the Minister of Health and their services are paid for by the department. With a caseload of about 50-60 births a year, these midwives receive an income of \$8350 — \$10,000, while midwives working in hospitals can earn double that amount.

But Ms Sullivan said a major contrast with the position of midwives in the United States is the fact that they are employed in hospitals at all. Another difference is if a domiciliary midwife is licensed she can practise legally anywhere in the country, while there is no uniformity in the United States.

In about 13 states deliveries by midwives are illegal and are seen as the prerogative of the medical profession only. In about 10 states lay midwives are licensed to practise in an equivalent way to New Zealand's domiciliary midwives, but they have to practise under the supervision of a physician.

In the remaining states the law is vague and subject to interpretation by the courts and State governments. In Arizona, Mr Sullivan's home state, lay midwives are allowed to practise under the supervision of a doctor — a situation which makes the attitude of the medical profession to home births crucial.

A survey among physicians about their attitudes to home birth drew from

one respondent the description of midwives as "Macdonalds counter girls delivering damaged babies", while the head of the American College of Gynaecologists and Obstetricians has said home birth is a synonym of child abuse.

But Ms Sullivan's research has revealed that the medical statistics for home birth are "pretty good". A survey conducted by her in Arizona over four years showed a perinatal mortality rate of five deaths per 1243 births.

The New Zealand hospitalised systems perinatal mortality rate is 13 deaths per 1000 births.

Ms Sullivan admits that such figures may be distorted by factors such as screening of potential home birth mothers for risk factors: "But if you compare it where I think it is fair to compare it, say in laceration rates, it looks better."

She quoted figures from a 1980 survey in which laceration rates for home birth mothers stood at 14 per cent while those from mothers in hospitals were 43 per cent.

Ms Sullivan found that a major factor behind physicians' unwillingness to supervise lay midwives was the fear of malpractice suits.

"This is very real in the United States, where some of the highest awards are made for birth injuries."

It's that fear which she claims contributes to the very high rates of caesarean operations which see one in four babies delivered in this way. For women belonging to medical insurance schemes this figure is even higher. Similarly the use of forceps during the birth is one in five, while 43 per cent of births are induced.

"The reason is that you're more likely to be sued over something you haven't done, than for something you have done," she said. If doctors can deliver a healthy baby by caesarean section, then they will do so.

Even the head of the American college of Obstetricians and Gynaecologists has said the present rate of caesarean births is unjustified, she said.

These rates of interference in births have helped the growth of the home birth movement in the United States so that births at home now account



Deborah Sullivan . . . difficulties faced.

for 1 per cent of the nation's births.

"That percentage may seem small but you have to remember it's come from nothing in quite a sort space of time," Ms Sullivan said.

Within certain suburbs in particular states, for instance California, the rate of home births might be 60 per cent of the local birth total.

The American home birth movement has also received a certain impetus from the women's liberation idea that women should take control of their own lives.

But the relationship between the home birth movement and women's liberation has been an uneasy one, according to Ms Sullivan: "People involved in the home birth movement have a strong commitment to family, and see a home birth as an important opportunity for family bonding."

This promotion of the family and the emphasis on the presence of father and siblings at the birth have contributed to the

"uneasy relationship", she said.

For her, home birth is "about wellness and holistic care".

"Home birth midwives don't just treat a pregnant uterus, they treat a family going to have a birth," she said. The emphasis is on individual, personalised care.

"I'm not sure that it is possible to give this within a hospital and its bureaucratic structure," Ms Sullivan said, although she noted she was impressed with many aspects of maternity care in New Zealand hospitals.

"You can't possibly have the same intervention rates, although there isn't any data on it that I've been able to find. And the post-natal care here is just as fabulous — in the states 12 to 24 hours after the birth it's goodbye."

While hospitals can move towards providing the personalised care Ms Sullivan doubts they can ever get over the idea that "pregnancy is a disease that has to be actively managed".