

Home birth — the sheer luxury

THE Wellington branch of the Home Birth Association aims to "inform and encourage those contemplating a home birth; support domiciliary midwives; publicise the availability of home births and defend the home birth option".

The association has regular meetings for discussion, organisation and exchange of information and holds social gatherings for home birth families. A newsletter is distributed to members.

When you find a stick insect in the loo . . .



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"Dad! Dad! Dad!" they greeted their parent.

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"Clobber it with an umbrella and I'll be over soon," advised Heath who is known not just for his cartoons but his illustrations of insects.

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said, this stick insect occupying the bathroom was about a foot long. "It would be half that."

And buff-coloured. New Zealand stick insects were green. Australian ones were brown.

"I told them it had no mouth and wouldn't bite and to pick it up very gently and put it on a bush. And I would catch the next flight over."

FOR homebirth mother Rosanne an important part of giving birth was the "sheer luxury of having my own midwife".

That midwife was Jenny Johnston and she's someone in whom Rosanne had complete faith.

"I felt she really knew me."

Jenny, a gentle motherly woman, is the only domiciliary midwife in the Wellington area. A trained nurse, she spent about seven years working as a midwife in a Waikato hospital. Then a friend, who was also a midwife, took her along to a home birth — and that was it. She was hooked.

"It was just so different from the hospital. You didn't do all the routine things."

Doing the routine things meant fetal heart monitoring using electronic devices, giving drugs, using suction or giving an episiotomy — the cutting that necessitates stitches.

Finding out that nothing bad happened when you didn't do these things was a real revelation to her, Jenny says. She had always believed that you had to do certain things or the woman might bleed to death or the baby wouldn't breathe. After this realisation, she began to question everything else.

Jenny began doing homebirths as well as working part-time in the hospital. Then the conflict caught up with her and she became dissatisfied with what she was doing in the hospital. "I decided to do

By KATE MAHONY

what I really enjoyed doing best."

That meant shifting herself and her two teenage daughters to Wellington to take over the vacant domiciliary midwife position. Doing what she believes has not been without sacrifice. As a domiciliary midwife, Jenny is contracted by the Minister of Health and paid a medical services benefit through the Health Department. She receives payment for work done, not a salary.

So for a home birth, which may take anything from two to 22 hours, she receives a flat fee of \$50. For the three or so pre-birth visits, she receives \$5 a visit, and for the visits she makes to the mother in the fortnight after the birth, she gets \$8.50 a visit.

Last week, Jenny visited a mother in Upper Hutt — she was there four hours giving advice and reassurance. For that visit, she receives the \$8.50 plus travel expenses. She receives no sick pay, penal rates and so on. In fact, in the past two years she has not had a holiday.

"But this year, I'm taking some time off," she says. "I've warned everyone they'll have to have their babies in hospital during that time."

There are about 15 such midwives in New Zealand and about 1100 home births have been recorded over the past eight years since the Home Birth Association began.

In Auckland, they are turning people away, Jenny says, because they haven't got the midwives to cope.

Jenny herself has delivered, or, as the Home Birth Association leaflet puts it, been present, as a mother "gives birth" 55 times over the past 2½ years.

She believes that for 90 per cent of women, birth is just a normal process.

She said that it should be a family thing, but often isn't.

"The baby might be born at night in the hospital, so it is put in the nursery, the husband goes home — here you are after this wonderful experience, and suddenly you are in three different places."

Too often, she says, birth is seen as a physical process only. But there's more to it than that — the social, emotional, psychological aspects . . .

The women who come to Jenny are usually fit.

"Because they are taking responsibility for their own birth, they are also taking responsibility for their own health," she says. And she won't accept smokers.

The majority of the women she sees are in their early 30s, white, and probably middle class. Mostly it's their second or third baby.

One of the reasons for the success of the home birth, Jenny says, is that the woman is relaxed. She is in her own environment and it is the doctor and midwife who are the guests.



MIDWIFE Jenny Johnston . . . Wellington's only domiciliary midwife

Familiar territory brings out Rosanne's roars

By KATE MAHONY

ROSANNE leans over the high back of the Victorian style sofa. She thrusts her head downward, her bottom out, then as if the sound is wrenched out of her lets out a loud, earthy roar.

there to give her encouragement.

But having her baby at home would be even better.

"I liked the thought of

myself in that nesting instinct peculiar to women about to have babies."

About 7pm she went to the toilet and saw the "show". The blood and mucus told her the cervical plug had come loose. She phoned the

squats on the plastic sheeting covered floor. She never once lies on her back.

Then it becomes more intensive. She's in a new stage, really having to concentrate on her breathing. Then comes the

says later it hurt as the shoulders came, the body arrives — all white come-back.

Celebrates

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But having her baby at home would be even better.

"I liked the thought of having my child in my own familiar much-loved surroundings. I feel happy at home. Having a baby in hospital means being in an alien environment, no matter how friendly and supportive the hospital staff are."

Constrained

In hospital Rosanne had felt constrained. "I remember wanting to really let rip and roar my head off. But I just felt too embarrassed."

Rosanne's mother has since told her that she, too, used to make the same kind of noise.

Like most of the mothers who want to have homebirths, Rosanne is fit. She's by no means a keep-fit fanatic, but she walks a lot, gardens, and spends a fair amount of energy on craftwork.

On the morning of the birthing day Rosanne knew she would be going into labour, even though it wasn't meant to happen for another week. But there was a party at McDonald's for Daniel's friend and life must go on.

So she ignored the painless contractions she began to get in the afternoon. She did "lots of housework, indulging

myself in that nesting instinct peculiar to women about to have babies".

About 7pm she went to the toilet and saw the "show". The blood and mucus told her the cervical plug had come loose. She phoned the midwife to warn her. The midwife contacted the doctor.

Kooky

A lot of people, says Rosanne, think there's something kooky about having a baby at home. They think of someone just having it without any professional help. In fact, Rosanne has been under the care of both a doctor and a midwife.

By 8.30pm the contractions begin to feel uncomfortable. Rosanne deals with them by "jiggling and hopping around", taking a long bath. She rings Linda and me.

At 9.30pm Jenny the midwife arrives along with a polytechnic tutor who wants to observe a home birth. Rosanne is four centimetres dilated, Jenny says.

Clinging

For hours, it seems, Rosanne perambulates, as she puts it, around the room, her long loose dress flowing around her swollen stomach. She breathes deeply, talks to us between contractions, sometimes crouches and

squats on the plastic sheeting covered floor. She never once lies on her back.

Then it becomes more intensive. She's in a new stage, really having to concentrate on her breathing. Then comes the roaring stage. The roaring helps her push, but it also makes her mouth dry.

Just before midnight, Rosanne asks for Daniel to be brought downstairs. He comes in clinging to Linda, his little face tired and bewildered. In between pushing and roaring, Rosanne talks to him, reassuringly. "It was like this when you were born."

At midnight blood begins to trickle down Rosanne's inner thigh. Jenny checks the cervix, sees that the vaginal wall has begun to gape. She takes a small funnel and checks the baby's heart.

David changes a record on the stereo. Greek music fills the room. Rosanne gets up from leaning over the sofa, walks around the room. Then, it's back to the sofa and pushing again.

The midwife checks. The cervix is fully dilated and she can see the baby's head. I can see a mass of blackness stretched against the vaginal opening.

At 12.39am the head comes out. The blackness is the baby's hair, then there is a face and then, and somehow it seems so effortless, though Rosanne

says later it hurt as the shoulders came, the body arrives — all white compared to the darkness of the hair and face. It just swooshes out.

Celebrates

The baby girl doesn't seem to move at first. Then, a moment later, the first cry comes. Daniel comes over with a toy to show his little sister. Rosanne holds the baby against her body.

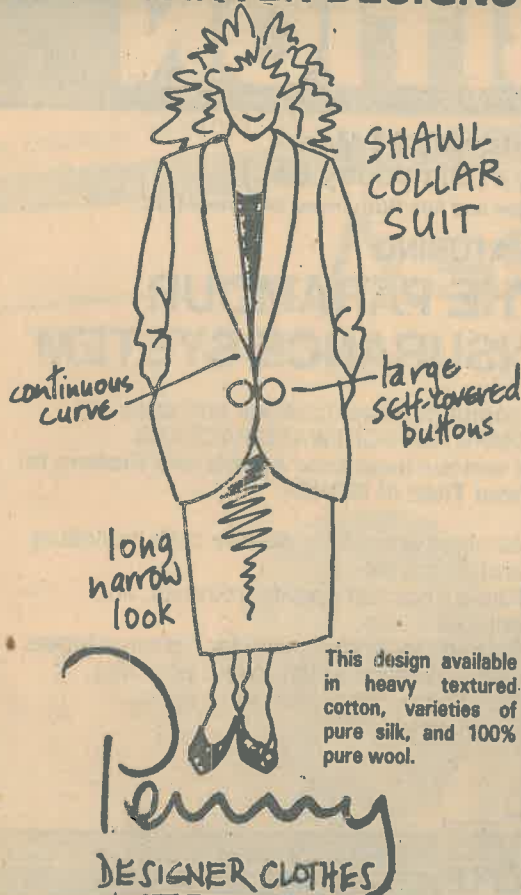
In the peace and rest phase that follows, Rosanne celebrates with a glass of wine, the rubbery umbilical cord is cut, Sarah is weighed, dressed in brown and green tiny knitted clothes, and returned to her mother's arms.

The midwife waits for Rosanne to push the placenta out. This she checks carefully, then places in a plastic bag — couples usually bury it in their gardens, she says.

"It is the most exciting, exhilarating experience," Rosanne says afterward. "Nothing is as totally fulfilling and exhilarating as birthing a child. There is really nothing to compare it with on earth."

The house is at peace. Linda and I help clear up. Jenny shows Rosanne how to massage her stomach so her uterus will not bleed. The midwife looks tired — there's a chance another of "her" babies will be born tonight.

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