

## People patch

# Home birth: It's a

Historical studies show that for thousands of years women have most commonly given birth while in a vertical position, whether kneeling, squatting, standing or sitting. Somewhere around the 17th century, however, the Western World began to adopt a new idea: That women should deliver their babies while lying on their backs.

By the 19th century, Queen Victoria had become the first woman in England to use chloroform while giving birth and delivery under anaesthetic reinforced the idea. The birth-chair or stool was replaced by the bed and delivery tables; a woman's natural instincts suppressed, at least to a degree, by the sterile and controlled conditions of the hospital.

But in recent years some women have decided to re-examine the situation and the options available to them.

The solution seen by some is to have their babies at home.

Hawke's Bay domiciliary midwife Jane Marshall hasn't always been a fan of home birthing. Her own children were born in hospital, and she says she used to frown on anyone who considered home births or "that sort of thing."

Now employed on a contract basis by the Department of Health, Jane is the only such domiciliary midwife in the area, but her work remains a part-time occupation.

In 1986, 2259 children were born in Hawke's Bay; only 12 of them were home births. Jane says she has an average caseload of about two births a month.

She first became interested in home birthing after hearing about a woman in the Bay of Plenty who gave birth at home and unaided.

"That's what shocked me into it. I decided no

woman should have to give birth alone. At the time, the type of work also suited my family commitments, because I had young children.

Her work is more than just assistance at the birth — she is involved in ante-natal visits, the delivery and post-natal visits to mother and baby.

Jane says there is no particular criteria for a woman to have a home birth, except that she should be in good obstetric and general health and have no history of problems.

"Women screen themselves really, but I wouldn't accept a woman who was frightened — the whole thing about it is that home birth mothers feel it is the right thing to do."

She said she had noticed that for this reason they often are much more relaxed, and have a more positive attitude.

There were also additional benefits for Jane herself. There was a greater closeness between midwife and mother and contact was often kept, even after the birth.

Although some doctors "huffed and puffed" when home births gained favour again, Jane says many have since bowed to consumer pressure.

"I'm not anti-hospital and I'm not saying it's wrong to have a baby in there," she said. "I wouldn't like to see home births become a trendy idea. The suggestion has to come from the women themselves and it is an important decision to make."

Lesley, who gave birth to her second child late last year, said she had a small battle on her hands when she announced her decision to have her baby at home. Once she had persuaded her doctor to accept the idea, Lesley still found resistance from family and friends.



Top, friends and family gather to offer congratulations to a new mother, and below, domiciliary midwife Jane Marshall inspects the new-born infant.



"Their main concern was what would happen if something went wrong," she said.

Many also couldn't understand her reluctance "to rest and be looked after" by

the hospital staff; a sort of reward for having survived the trauma of birth.

To Lesley, hospitals had a different image: "I felt they treated birth as an illness and there's a very

strong power structure. With my first baby it seemed that I had no responsibility, that I wasn't a person, just a body."

Continued on Page 7