

# Nelson Hospital proud of safe births record

Nelson Hospital had an enviable record in keeping babies alive and nowadays the death rate was six babies per thousand born, compared to 25 per thousand 10 years ago, according to obstetrician Dr Brian Neill and Miss Norma Affleck, a charge nurse in the delivery suite.

"We save babies and get better quality babies than we got before," Dr Neill told the Nelson Area Health Board recently.

About 50 per cent of abnormalities which occur in labour are unpredictable and so the safest place for the mother and baby is in the hospital, said Dr Neill.

"I accept a woman's right to have babies at home but things could happen which need swift intervention."

There is a problem, too, if a woman under a domiciliary midwife needs to be admitted to hospital and the midwife wants to retain her role.

In the hospital the

domiciliary midwife can stay with the woman but does not have responsibility for her. A doctor has to be in charge of the delivery under law.

Chief medical officer Mr Peter Low suggested if there was an increase in the number of Nelson mothers requiring home births then perhaps the board could look at establishing a home delivery service.

Motueka member Dr Donald Budge said the distance any such "flying squad" would have to travel would make it inoperable, particularly in an emergency.

If a mother began to haemorrhage she would need blood immediately, he said.

"Then you are going to lose the baby and you are going to lose the mother."

Miss Affleck said the midwives felt safe working in the hospital and none wanted to deliver babies at home — but they were

keen to move into ante- and post-natal domiciliary services.

The first two minutes of the baby's life were the most important, said Dr Neill, and every instrument should be available to keep it safe at this time.

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The board decided to ask the two local domiciliary midwives of their opinions on their fee increase announced in the Budget.

The Minister of Health Dr Bassett approved an increase in fees for ante- and post-natal visits from \$13 to \$16. These would be available for a maximum of three and 12 visits, respectively — figures unchanged from before the Budget.

The delivery fee has increased from \$75 to \$150.

Chief nurse Bettie-Anne Gleadow said the \$16 fee was "appalling" and unsatisfactory considering what GPs get for patient consultations.

NEM

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## Letters to the Editor

### Home birth

Sir, — The subtlety of Dr Neill's comments on the safety of labour, as reported in the Nelson Evening Mail on Saturday, July 18, may give undue concern to women who are making the choice of where to give birth.

Our own experience has been of a home birth. We made the choice to have our baby at home confident in the ability and professionalism of the attending midwife and GP. We chose home birth for a number of reasons. However, we were always aware that the hospital was there should complications in labour and/or delivery develop.

We want people to make an informed decision about where to give birth and we know that there is a safe, and professional home delivery service already available within the Nelson region.

We would welcome better support from the Nelson Area Health Board for this existing service over and above the laundry service already provided. We also believe there is an answer to Dr Neill's comment that a problem exists when the domiciliary midwife is present during a hospital delivery because of the law's requirement for a doctor to be in charge. Surely a change in the law is called for here to give the power in the birthing process back to the woman.

Providing a woman is healthy and adequate preparations have been made, home birth is at least as safe as hospital.

PETER MCGOWAN and  
KAY BEAUMONT  
Nelson, July 17.

Sir, — It is somewhat puzzling that the Nelson Hospital obstetric staff make such an issue of home births as reported on July 18. Home births account for approximately 3-4 per cent of all births in the Nelson area each year.

Domiciliary midwives attending home births are also "proud" of their "safe birth record". Safety is not the issue and statistics can be produced to show each place as the "safest" in which to give birth.

The issue here is one of choice and taking responsibility for your own health care. Home birth offers the chance for a woman to choose not only the place where she gives birth but the style in which she does so. She chooses who she has with her to give her the support she needs at this important time in her life. And she chooses a particular type of care not available to her anywhere else. A trained, professional midwife who attends her throughout her pregnancy, labour and birth and the first two postpartum weeks. A midwife who will use her skills and expertise to support and guide her through this most normal of human functions.

A small number of women seek this option out. It is never presented to them as a legitimate choice that they are entitled to make. That being so, I would suggest that the Nelson Hospital obstetric staff get on with making birth a momentous and joyous occasion for the women under their care and leave the home birthers to their choice.

BRONWEN PELVIN  
Lower Moutere, July 19

NEM JULY 23/1987

### Home birth

Sir, — The first two minutes of a home-birth baby's life are spent in the mother's arms. She is still receiving oxygenated blood via the umbilical cord and will continue to do so until she doesn't need it and the cord stops pulsating. These moments are vital to the baby but not life threatening as Dr Neill suggests in his report to the Area Health Board (July 18).

In hospital the first two minutes of a baby's life are spent learning to breathe in a hurry. The cord is invariably clamped straight away and the baby is on her own. This is only one of the reasons why all technologies must be available to save babies.

Dr Neill is an expert in abnormal birth. He should limit his comments and recommendations to the board to this area. What is practised in home-birth is not dangerous, it is normal.

HEATHER MARR  
Nelson, July 20.