

## FEATURES

Doctors have long argued that the best place for birth is the hospital. But more and more New Zealand parents are returning to the centuries-old tradition of giving birth at home. RUTH NICHOL reports.

# Babies produced at home

# EXTRA

**H**ALF an hour after Emma Donald was born she was snuggled up with her parents, Rod Donald and Nicola Shirlaw, in front of the fire of their cosy living room.

Soon after, her sister Holly arrived home from a nearby relative's where she had spent the night, and the family were united.

"Here we were in our own home, it was so warm and cuddly and we were all together," says Rod, recalling Emma's birth at home five months ago.

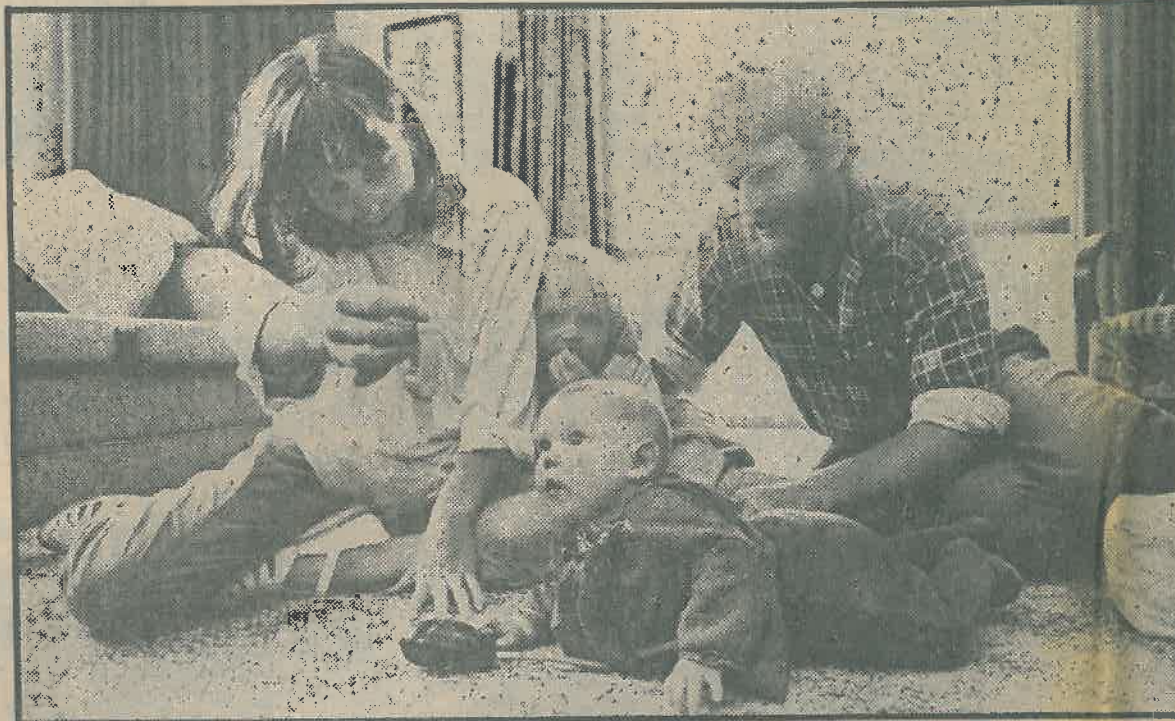
It was in marked contrast to Holly's birth three years before at Christchurch Women's Hospital. She was a forceps delivery. Nicola had a full episiotomy, and gave birth with her feet in stirrups. Not long after Holly was born she was whisked away to a nursery for a couple of hours, while Nicola was whisked off to a ward, and Rod had to go home.

"Here was the most wonderful and important thing that had happened to us, the birth of our first child, and Rod was at home and I was at hospital," Nicola says.

The experience made the two of them determined that Emma's birth in Wellington this year would be different. They're part of an increasing number of New Zealand couples who opt to have their children at home, rather than in the high-tech environment of the hospital.

"People seem to have forgotten that birth is a normal process and hospitals are all geared up for high-risk births," says Nicola. "But that's such an incredibly small proportion of all births."

When James Gregory was born



BABY EMMA DONALD plays with her parents, Nicola Shirlaw and Rod Donald, and sister Holly in the living room in which she was born. Photo, GREG BAKER

at home six weeks ago, he took part in his first birthday party — on the day of his birth. There were 11 people present: his parents, Andy and Jane, their doctor and midwife, assorted friends and even a seven-month-old baby.

Jane, a first-time mother and former nurse, had always wanted to have a home birth. She'd seen how much interference there could

be in hospitals, and she believes in what home births stand for.

"You're surrounded by people that you know and love, and who care for you," she says. "You can do what you want, be in control of things, without having drugs offered to you."

It was a long labour, and more painful than Jane expected. But for her, the support and care of her

husband and close friends were enough to cope with the pain.

During the labour she walked around the house, and even took a bath. Andy massaged her stomach, abdomen and neck, and held and supported her. While James was actually being born, Jane rested on Andy's legs.

For Andy, the father of two teenage children from a previous marriage, James's birth was a to-

tally new experience. The birth of his last son was a terrible thing by comparison, he says.

After James's birth, Jane and Andy went to bed, and stayed awake all night with the baby lying between them.

"That bonding that is there for the father is so lovely," Andy says. "You're helping the baby into the world, but then you've got him with you, part of you, without any separation."

Not that all home births work out exactly as planned. Things didn't go quite so well for Fiona Morgan and Peter Daly when their son Sebastian was born three weeks ago.

Fiona, also a nurse, had been in labour for 10 hours when she started bleeding. The placenta was low lying, and their midwife, after consulting the doctor by phone, decided they should transfer to hospital.

She chose to go by car, rather than ambulance, a decision for which Fiona is grateful. "If we'd gone in an ambulance there would have been full-on medical procedures, and much more likelihood of having a caesarean," she says.

As it happened, she gave birth normally, helped by their doctor, the home birth midwife, and a hospital midwife.

The hospital staff were fantastic, Fiona and Peter say, and were quite happy for Peter to give Sebastian a little swim for 15 minutes, part of the Leboyer method, as they had planned to do at home.

Within two hours, they were home again.

"For that period of time in the

hospital it was just an extension of the home birth experience. I just kept doing my thing all the time," Fiona says. "It didn't matter being in hospital because I might have hemorrhaged. There's a place for hospitals."

Nicola Shirlaw and Rod Donald, and Jane and Andy Gregory, agree. Both couples were prepared to go to hospital if necessary, and Jane had even run up a nightshirt just in case.

But for Rod Donald, having a child at home made him feel much more in control than he had at hospital.

"In an environment that wasn't familiar, which was so technical as well, I felt, as the person who was meant to be supporting Nicola and encouraging her, that I wasn't capable of making a decision. If they said they were going to do a certain thing I didn't feel confident to disagree."

It makes him angry that home birth gets so little encouragement, and domiciliary midwives are so badly paid, when, all else aside, home birth costs the state a lot less than a hospital birth.

All three couples agree that though a home birth is not possible for every baby, it's the best option for those able to have one.

"It just fits in with why get involved with the hospital system when you're not sick, why have drugs when you don't need them," Andy Gregory says.

"It's attitude," Jane adds. "Birth is a natural process, but hospitals anticipate that something will go wrong, they're ready for that. It's much easier to interfere and use those things if they're there."

## Healthy mothers 'deliver themselves'

**O**NLY a tiny proportion of New Zealand babies are born at home — about 500 last year, out of a total of 52,000 live births.

But according to the doctors and midwives who assist at home births, the figure could easily be much higher.

While some obstetricians warn against home births because of the risk of complications, and many GPs refuse to perform them, Wellington doctor Wally Metcalfe says there is no reason why a healthy woman who appears set for a normal delivery cannot have her baby at home.

be there were lots of people who might wish to do the same thing."

Home births now make up about a third of his obstetric practice and he enjoys them. Most go extremely well.

"By and large the reason these people do so well at home is that they're well motivated, and they want to be there and feel confident in their abilities. I guess that helps their labour."

There are some women who are unsuitable for home births. Those who suffer hypertension or diabetes, for example, and those who develop toxemia or hemorrhage during pregnancy. Problems with

delivery suites. Drugs are frequently used, episiotomies performed almost routinely, and more than 10 per cent of all New Zealand births are now caesareans.

"Hospitals should be for high-risk people," she says. "By putting low-risk people there we're making them high-risk, we're using technology that isn't needed most of the time."

The midwife's role, she says, is to act as an assistant. "We don't actually deliver people, women deliver themselves. We're just there to make sure everything is safe, and to provide support."

Ms Hasslacher believes that as

attended is that only one woman has ever needed pain-relieving drugs at home.

"We've found that for people having normal labours at home, they don't need pain relief. They're relaxed and determined, and normal labour is just manageable for most women if they feel they're doing all right, if they're confident they can get through."

Episiotomies are rarely performed.

Neither Wally Metcalfe nor Barbara Hasslacher has yet experienced a real emergency at a home birth. But Dr Metcalfe is confident that should one arise, the re-

organising women in labour, interfering with women in labour."

Even so, finding doctors prepared to do home births can be difficult. There are about 12 in the greater Wellington area known to do them, though others may be prepared to, if asked. But according to Barbara Hasslacher, some doctors who disapprove of home births can be downright nasty to women who suggest them.

Finding midwives is, if anything, even more of a problem. At present there are three domiciliary midwives in Wellington. However, low rates of pay mean that it is definitely a labour of love. A domiciliary



**Do parents care about violent toys? Last week top toy buyer Ian Couper said most don't. But Wanganui parent VIVIEN EYERS argues that parents do care, and they care a lot.**

## Violent toys opposed

**M**OST New Zealanders have reservations about toy weapons, and don't like to see them promoted.

That number will probably increase on Boxing Day as parents who dutifully, if reluctantly, bought the requested items are treated to staccato bursts of machinegun fire, GI Joe battle cries, and the cries of irate relatives as the electric water sub-machinegun hits its mark — again.

Following the havoc will be the plaintive moan "But what is there to do?" while the more resourceful turn to the packaging for real play.

Toy Warehouse general manager Ian Couper claims only a small minority of people have qualms about toys of violence. This simply isn't true, according to the results of a survey by the group Play For Life.

Out of a randomly selected sample of just over 700, 79 per cent agreed toy weapons make some children think violence is fun, and 86 per cent wanted to see restrictions on toy advertising which may promote violence.

But did they think any of the ads did promote violence? Yes. While most did not object to toy advertising itself, 49 per cent objected to the way many toys were advertised.

The most frequently given reason was that the ads were violent, promoted aggressive or warlike attitudes, or promoted war toys or guns.

In questions about the games and activities they liked or did not like to see children playing, 52 per cent objected to war games, violent games or playing with guns. Another 7 per cent did not like to see children playing games involving bullying or fighting.

Mr Couper, with 30 years' experience in the trade, says toys are "a fashion business".

The heavily promoted toys sold by the major toy retailers may well be a fashion business, but play, which is what toys are supposed to be about, has little to do with fashion.

The retailers are right on one point, though. People are certainly buying GI Joes, Transformers and Barbies. Why? Because the television advertising creates an artificial demand for them. Tell a child 10 times a day, six days a week that this toy is the most exciting yet, that all the trendiest kids have one, and of course they will pester parents and relatives till someone buys them one.

The survey supported this theory. When asked to name three toys bought in the past year, 111 people said they had bought Transformers or action figures.



When James Gregory was born how much interference there could be, the support and care of her marriage, James's birth was a to-  
 For that period of time in the those things if they're there.

# Healthy mothers 'deliver themselves'

ONLY a tiny proportion of New Zealand babies are born at home — about 500 last year, out of a total of 52,000 live births.

But according to the doctors and midwives who assist at home births, the figure could easily be much higher.

While some obstetricians warn against home births because of the risk of complications, and many GPs refuse to perform them, Wellington doctor Wally Metcalfe says there is no reason why a healthy woman who appears set for a normal delivery cannot have her baby at home.

Dr Metcalfe has delivered about 300 babies at home in the past 10 years. He seems an unlikely advocate for home births, a blokesy man who looks as if he'd be happier on the rugby field than delivering babies among the cushions on people's living room floors.

His approach to home births is utterly pragmatic: "If people want to have a baby at home, and there's no reason not to, I'll support them in any way I can," he says. "Why not?"

His involvement with home births came about not through an ideological commitment to the concept, but because he was called to attend a woman in labour who was determined not to go to hospital unless absolutely necessary.

"It was Christmas Eve 1977, and in those days there were no midwives, and she and I and her husband did that one on our own. That wasn't a bother and I thought may-

be there were lots of people who might wish to do the same thing."

Home births now make up about a third of his obstetric practice and he enjoys them. Most go extremely well.

"By and large the reason these people do so well at home is that they're well motivated, and they want to be there and feel confident in their abilities. I guess that helps their labour."

There are some women who are unsuitable for home births. Those who suffer hypertension or diabetes, for example, and those who develop toxemia or hemorrhage during pregnancy. Problems with the placenta, babies who are not growing properly, twins and breech births are also unsuitable for home deliveries, as are women who have had previous caesarean sections but no normal deliveries.

Some doctors will not do home births for first babies, while others draw the line at women over 35 expecting their first child, because of the greater risk of complications. While about 12 per cent of all home births eventually transfer to hospital, the figure for first births is around 30 per cent. In most cases transfer is necessary because the labour is not progressing.

The reason English-trained midwife Barbara Hasslacher now works as a domiciliary midwife is that she believes parents have a right to choose how and where their child is born.

She is distressed by the often unnecessary intervention in hospital

delivery suites. Drugs are frequently used, episiotomies performed almost routinely, and more than 10 per cent of all New Zealand births are now caesareans.

"Hospitals should be for high-risk people," she says. "By putting low-risk people there we're making them high-risk, we're using technology that isn't needed most of the time."

The midwife's role, she says, is to act as an assistant. "We don't actually deliver people, women deliver themselves. We're just there to make sure everything is safe, and to provide support."

Ms Hasslacher believes that as women themselves, midwives are often more sensitive to the needs of the women they help. "Midwife means with woman, and I actually think that's very appropriate."

For her, the continuity of contact is one of the most satisfying parts of the job. Domiciliary midwives make at least three antenatal visits, attend the birth, and can make up to 12 post-natal visits.

"You become a friend in a home birth; it's a much more personalised service. Even if they go to hospital you still stay with them, you're a sort of advocate for them."

New Zealand domiciliary midwives do not carry painkilling drugs. But the Wellington midwives do use homeopathic remedies, massage and acupressure for pain relief.

However, according to Dr Metcalfe, one of the extraordinary things about the home births he has

attended is that only one woman has ever needed pain-relieving drugs at home.

"We've found that for people having normal labours at home, they don't need pain relief. They're relaxed and determined, and normal labour is just manageable for most women if they feel they're doing all right, if they're confident they can get through."

Episiotomies are rarely performed.

Neither Wally Metcalfe nor Barbara Hasslacher has yet experienced a real emergency at a home birth. But Dr Metcalfe is confident that should one arise, the resuscitation equipment carried by the midwife, such as oxygen and intravenous fluids, would be sufficient to cope till an ambulance arrived.

"I suppose with something dire, like a massive hemorrhage, you may end up with a patient reaching hospital in a pretty shocked state, but that's the risk that these people knowingly take."

Dr Metcalfe says he has struck no resistance to home birth from other obstetric doctors or specialists at Wellington Hospital. He says changes in the past few years mean that obstetric procedures at the hospital are now much more relaxed.

"So I guess other doctors don't think there's any conflict of interest or conflict of care. But compare that with the situation in other cities, where there's still a lot of

organising women in labour, interfering with women in labour."

Even so, finding doctors prepared to do home births can be difficult. There are about 12 in the greater Wellington area known to do them, though others may be prepared to, if asked. But according to Barbara Hasslacher, some doctors who disapprove of home births can be downright nasty to women who suggest them.

Finding midwives is, if anything, even more of a problem. At present there are three domiciliary midwives in Wellington. However, low rates of pay mean that it is definitely a labour of love. A domiciliary midwife receives \$16 for each antenatal visit, \$150 for the birth, and \$16 for each post-natal visit — a total of \$390 (before tax) per birth. That compares with the \$468 paid to doctors for the same service (most of whom spend less time on ante and post-natal visits, and considerably less time at the labour).

A domiciliary midwife earns at least \$10,000 a year less than her hospital counterpart, and works much more unpredictable hours.

"I'm doing it because I want to," Barbara Hasslacher says. "The baby's created at home, so it's normal for it to be born at home too. But probably the reason not many midwives are doing it is because they just can't afford it."

For more information about home births contact the Wellington Homebirth Association, PO Box 19-011, phone 837-637.



BARBARA HASSLACHER and one of her home birth babies. Photo, MARTIN HUNTER.

ads were violent, promoted aggressive or warlike attitudes, or promoted war toys or guns.

In questions about the games and activities they liked or did not like to see children playing, 52 per cent objected to war games, violent games or playing with guns. Another 7 per cent did not like to see children playing games involving bullying or fighting.

Mr Couper, with 30 years' experience in the trade, says toys are "a fashion business".

The heavily promoted toys sold by the major toy retailers may well be a fashion business, but play, which is what toys are supposed to be about, has little to do with fashion.

The retailers are right on one point, though. People are certainly buying GI Joes, Transformers and Barbies. Why? Because the television advertising creates an artificial demand for them. Tell a child 10 times a day, six days a week that this toy is the most exciting yet, that all the trendiest kids have one, and of course they will pester parents and relatives till someone buys them one.

The survey supported this theory. When asked to name three toys bought in the past year, 111 people said they had bought Transformers or action figures. But when asked what they would buy if they were to spend \$100 on toys, only three people said they would buy an action figure or Transformer.

And once the kids have them they don't rate them so highly either. Playing with action toys was the favourite activity of only two children out of 389. Most preferred sport, outdoor activities such as trampolining, artistic activities or reading.

Cluttering children's play space with junky plastic toys deprives them of genuine, satisfying and rewarding play, and cluttering it with toys which encourage them to imitate anti-social behaviour is to do them a further disservice.

The New Zealand toy trade should follow the example of Finland. There the toy trade has made a voluntary agreement not to import, manufacture or sell war toys or toys which are ethically precarious. Toys which imitate modern warfare are categorised as especially harmful.

I have found that educational type toy shops usually do have a genuine interest in the needs and development of children, unlike the majority of toy retailers, who have yet to convince me that they are motivated by anything other than profit.

## Food over the flame

By ROBYN SHAW and SUSANJANE BAIRD

SCARLETT O'Hara knew what she was missing — keeping that 17-inch waist meant forgoing the delights of a Southern barbecue picnic.

The word itself was only a century old, coined by French buccaneers who had learned to grill Caribbean fish and game on a green stick frame (a barbacoa).

Probably this was mankind's earliest cooking technique. Possibly the second culinary challenge was to find some way to break down tough chewy muscle and connective tissue. Immersing meat for several hours in a flavoursome marinade would solve the problem.

A marinade changes an ingredient in some way. Acids break down fibre and tenderise, aromatic herbs and spices enhance flavour, and oil impregnates a lean cut to make it juicy.

Several plants contain an enzyme called papain, which "digests" protein and serves also to tenderise. Pre-Columbian Mexicans wrapped meat in papaya leaves before cooking, and this fruit, along with figs, pineapple, kiwifruit and paprika, is rich in the enzyme.

In a marinade, the range of ingredient options is vast.

All national cuisines have their own favourite balance and flavourings. The European style relies on wine, wine vinegars, garlic or shallots and herbs, occasionally using coriander seeds or juniper berries for wild pork or venison. In India and the Middle East the tartness of yoghurt, lemon, mints and spices like cumin and cayenne is popular, while oriental cuts are steeped in a soy-based marinade

with root ginger, garlic and citrus juice.

Generally the best results come from an overnight marination, but for those impromptu occasions, the marinade can rely more on its ability to flavour and pick food up, especially when doubled as a basting sauce.

**Rich And Tangy Lemon Chicken**

Mix together:  
 2 teaspoons soy sauce  
 ¼ cup oil  
 1 tablespoon lemon zest  
 juice of 3 to 4 lemons  
 3 cloves chopped garlic  
 walnut sized piece of tamarind, softened in hot water

Marinate chicken pieces overnight. Drain well (reserve liquid) and roll in ½ cup of flour and 2 teaspoons paprika. Grill over open fire, basting frequently with marinade. Alternatively bake 30 minutes in 175 degree C oven, pour over the marinade and bake another 30 minutes.

fish. It flakes easily and is white throughout.

People are now familiar with so-called raw fish and coconut cream, but try the full flavour of snapper "cooked" in lime juice and a good grind of black pepper. The following recipe, for about 500g of fish, uses the acid of lime and orange juice, and the enzyme action of papaya. Either leave the fish in fillets or cut into fine strips for a pretty pale orange entree served with reserved slices of fruit.

**Polynesian Marinade**  
 250g peeled papaya, pureed  
 ½ cup oil  
 ¾ cup lime juice  
 ½ cup mango and orange juice

1 tablespoon of curry paste  
 Leave fish in marinade six to 12 hours.

Where does this carnivorous advice leave vegetarians at the barbecue? Often they must be content with

LET HER PUT ON THE GLITZ

Select her Xmas Gift from:

Modern Polish



Largest selection of Fashion Jewellery in Palmerston North

pdca  
PLAZA

Ph 79-429

THE GLITTER SHOP

# RUGS

for every walk of life.

Look at this — just in time for Christmas.

**Special Discount 15-30% OFF some rugs.**

Belgian Rugs — Circle, Oblongs.

Sizes from 60 x 120 to 250 x 340

Korurug — All five sizes.

Set of four Car Mats \$22.00

