

The High Country Herald

# HOLIDAY MAGAZINE

A Nelson midwife says she has delivered a baby in a home birth, knowing no doctor had agreed to take responsibility for the birth — a breach of the Nurses Act.

The midwife, Bronwen Pelvin, says she wants the law changed so midwives have professional autonomy and women have more freedom to choose how they have their babies.

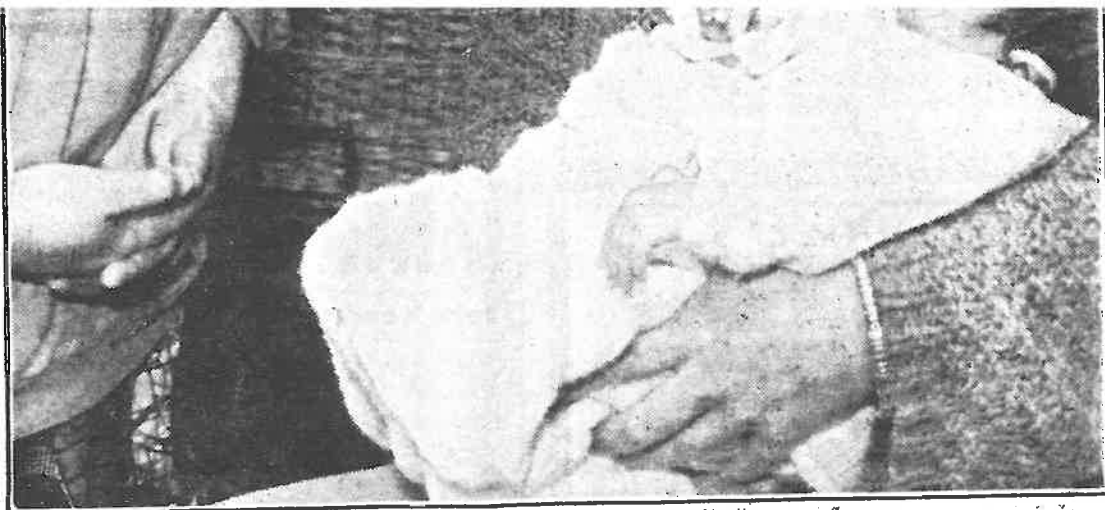
Joint Features reporter Julie Smith spoke to Ms Pelvin and home birth mother, Karen Walsh, and sought reaction from the doctors' spokesman.

Says Ms Pelvin: "Why should the medical profession have the power to dictate to Karen where she should have her baby and to me where I can practise. That to me is what it is — it's a power struggle between women and women having babies and a very powerful medical profession."

## Mother, midwife make



# Make stand against birth law



Making a stand. Midwife Bronwen Pelvin and mother Karen Walsh with "illegal" home birth baby Roshni.

**K**aren Walsh's experience of having her first child at Nelson Hospital seven years ago made her decide on home births when she had her next two children.

Ms Walsh says being in hospital made her feel vulnerable and she had a midwife she found intimidating.

Unfamiliar faces and conflicting ideas she heard from staff were all disturbing alongside the new experience of giving birth.

She says that was seven years ago and things may have changed. But she was not prepared to take the risk.

It was all so unknown having her first baby, she says. She thought she knew it all but at hospital she felt there was no one there just for her — to help or understand.

After going to hospital when her waters broke at 6pm she was attended till until 11pm. Then she waited alone with her husband for 4½ hours after being given pethidine — a pain reliever often used during labour. She feels it was a particularly vulnerable situation for her husband.

She had thought she would be strong enough not to have drugs but had them because she felt her midwife wanted her to.

Ms Walsh says she likes to have space when she gives birth. And she likes to have family and familiar things around her. She feels a birth at home just flows naturally but going to hospital breaks that.

Midwife Ms Bronwen Pelvin delivered Ms Walsh's second baby in a

home birth with a GP from Wakefield attending. The doctor has since moved. Ms Walsh's own doctor was from Richmond and she saw that doctor until late in her second pregnancy.

During her third pregnancy she and Ms Pelvin tried to find a doctor willing to take responsibility for the birth as required by the Nurses Act. A woman from Hope had also tried to find a doctor from among the Nelson, Richmond and Stoke GPs just before Ms Walsh. None were prepared to go out to Hope.

Not being able to find a doctor made Ms Walsh feel very angry. Her blood pressure went up a bit and she felt like running away.

She did not want to go to hospital — along with her feelings from her first birth experience in hospital she did not want to have to wake her other two children and make them wait there. "This would have put us all under pressure."

Ms Walsh had faith in Ms Pelvin and knew if there were any problems they would go straight to hospital. But the birth of her baby girl, Roshni, went well.

Midwife Bronwen Pelvin sees the issue of autonomy for midwives as a power struggle between women and the medical profession.

"Why should the medical profession have the power to dictate to Karen where she should have her baby and to me where I can practise. That to me is what it is — it's a power struggle between women and women having babies and a very powerful

medical profession."

Despite this, her criticism and frustration with the current system is directed at the law.

She says the only reason she needs a doctor is because the law says a doctor must be responsible.

Home and hospital based midwives deliver many babies because the doctor is simply not there when the baby arrives.

"We are very good at it," she says. "It is the only thing that midwives do — attend pregnant women, the birth and post natal — so of course we are much better at it than a GP who might do those things 20 per cent of the time."

"I want to get the law changed — it's the thing that denies the midwives their autonomy," Mrs Pelvin says.

**S**he says midwives remind people that birth is a normal function. She says a lot more women might choose home birth if it was presented to them as an alternative.

About 85 per cent of women can have babies with no great problems. Not all of them would choose to have their children at home but it would be interesting to see how many would if it were something they knew they could do at home, she says.

In Ms Walsh's case a fit healthy woman was carrying a baby in the normal position for birth — doing a very basic biological thing.

At every birth that looks straightforward and normal, there is a danger

of either the baby having problems breathing when it is born or the mother bleeding excessively.

Those are the two things always on her mind and she has to prepare for, Ms Pelvin says. They happen rarely. Of 250 home births she has delivered over 10 years three or four were "flat" babies with breathing problems and she once had to give emergency treatment for bleeding.

She says midwives are trained to deal with emergencies, although she agrees doctors have better technical skills. Midwives who deliver babies at home births particularly have to feel confident to deal with those emergencies.

She says she is confident of her ability to resuscitate babies. She is able to put in an intravenous drip and carries drugs to help control bleeding and has training in controlling it.

During ante-natal and post-natal visits a midwife can go into more depth than a GP, spending more time talking with the parents from a wider perspective, she says.

At a home birth the focus is on the woman, not the place, and people giving care. And the woman can do just what she wants, says Ms Pelvin.

Domiciliary midwives work independently while hospital midwives are dependent on medical staff, she says. "Home birth midwives have stepped outside the conventional medical approach."

Nelson GP spokesman, Dr Graham Loveridge, says he accepts it has never been passed down from God

that a doctor has to be at every delivery. But he sees having a doctor and midwife at a birth as safest and he does not condone Ms Pelvin's illegal action.

While he has attended home births, he personally feels more comfortable at births in a hospital.

In many overseas countries women have children without involvement of doctors but he says New Zealand has one of the best records for safe childbirth.

Emergencies do happen he says. Every so often a baby is born after a normal pregnancy and labour that just does not breathe properly.

Many doctors will have more skills to deal with an emergency than midwives — skills at putting in intravenous lines, resuscitation and use of drugs. He accepts midwives are trained in infant resuscitation.

Dr Loveridge says he would feel isolated if midwives were not at deliveries. Involving both a midwife and a doctor is the best and safest situation.

Nelson Hospital maternity unit supervisor, Miss Norma Affleck, says, "it is unfortunate Karen did not come to the maternity unit to discuss her fears and the choices currently available to her. We make every effort to accommodate any options our families choose and are therefore in a constant state of change."

She says medical and nursing staff work as a team. Together they try to meet all the individuals' needs while keeping up optimum safety for the mother and baby.