



Home birth helpers may be prosecuted



Tracy Dalton with her daughter Makarena . . . retaining the power for successful birth.

The Northland Area Health Board is considering prosecuting two Mid North women for assisting at a home birth.

The women, Carly Judd, of Omanaia, and Mandy Waata, of Omapere, assisted when Tracy Dalton gave birth to her daughter Makarena at her Whirinaki home in October last year.

Last week, a board staff member, accompanied by a JP, called on Ms Waata and attempted to serve what was described as "a legal document prepared with the assistance of the Crown Solicitor".

Confirmed

Later, medical officer of health Dr David Sloan confirmed that the board was looking at the circumstances of the birth and considering if there was a case for prosecution under the Nurses Act, 1977.

He said he was concerned at the absence of qualified people at the birth.

Domiciliary midwives willing to attend home births were available in Northland, he said, explaining that the region had the second highest home birth rate in the country, exceeded only by Nelson.

Planned home births with domiciliary midwives in attendance and a doctor accepting responsibility represented one per cent of births in the board area. In the year ending September 1988 there were 25 planned home births in Northland from a total of 2200 births.

Dr Sloan said he had no knowledge of previous prosecutions of this nature, but the board had a statutory obligation to ensure compliance with the Nurses Act.

Potential risk

Although the outcome of home births in the board area was "normally fine", he was concerned "not so much that people who were not qualified medically or in midwifery were attending births, but at the lack of professional

service and staff to ensure safe delivery."

There was a "potential risk" to the baby and mother if available health services were not used.

"I don't think it is right that babies with no choice and mothers are unnecessarily put at risk," Dr Sloan said.

"Hokianga Health Service is user-friendly, and staff have made themselves available for home births."

Ms Dalton said she felt put down by the health board ignoring her part in the matter.

"I believe the women who supported me are being persecuted and I am not given the opportunity to fight for them," she said.

Ms Dalton said she had gone to hospital for the delivery of the first of her three children in the belief that she would be consulted on any decisions made. But her baby had been taken away without consent after birth and she had been left childless and unattended on the delivery bed.

Hospital procedures

The birth of her second child at home with a domiciliary midwife in attendance had still been carried out with hospital-type procedures taking precedence.

"I chose a home birth because I wanted to retain the power for my baby to have a successful birth," Ms Dalton said.

"I had my mother and mother-in-law present and I chose friends whose own home births I had attended.

"Baby's dad was there. I was with people who cared for me and for my baby.

"There was no power-tripping. When it is done properly you are a confident mother and you are already bonded to the baby."

Better bonding — pages 12-13.



Six-month-old Makarena Dalton with the women under suspicion for assisting at her birth, Mandy Waata (left) and Carly Judd.

Mother and baby bond best in home birth

By Marilyn Garson

An increasing number of New Zealand women are choosing to have their babies at home. There were 444 home births registered among the 55,000 births in New Zealand in the year to September 30, 1988.

Some chose home birth after an unsatisfying hospital experience. Tracy Dalton, of Whirinaki, had her first baby at Rawene hospital in 1984.

"It was an incident-free birth, but I was too trusting," she said.

"I thought that anyone who attended births (in hospitals) did exactly what you wanted and helped you; but in actual fact, in the hospital you had to fit into their procedures."

Mani Rutherford, of Waiotemarama knew she didn't want a hospital birth in 1971.

"I was fed up with institutions and all that uptightness," she said.

"I didn't want to have any drugs at the birth and felt that if I was in the hospital I'd be disempowered and not be able to choose."

Rawene Hospital has two registered domiciliary midwives, but they generally attend home births only within 10 kilometres of the town. When Mandy Waata of Omapere, wanted a home birth in 1982, she found she would have had to travel to Kaitiaki or Auckland "which sort of defeated the purpose." Each day in New Zealand, a woman is turned away from home birth for lack of an available midwife.

Both Mandy and Tracy arranged for domiciliary midwives to attend their next births at home, but they found the basic approach unchanged from the hospital.

Disappointed

Of her 1985 birth, Mandy said: "The power was still in the same place, but I was home instead. I still had the baby on my back, although I had learned that gravity plays a big role in the ease of labour, and I wanted to be in a more upright position."

"I hadn't achieved what I'd wanted." Tracy recalled her 1986 birth in similar terms.

"The domiciliary midwife was all right, but she just gave clinical support. You're in your own home, but you still don't get what you want. The authority still lay with the domiciliary midwife."

These women, and some others, found their perspectives more in line with lay (unregistered) midwives, who

bring new confidence in the ability of an alert, prepared woman to give birth naturally, with patient assistance and support.

They have replaced drugs with a range of homeopathic and other remedies.

One lay midwife explained "Doctors and nurses care for sick people. Midwives care for women in a natural, healthy state."

"At home, women are giving birth, not being delivered. They're not having their babies extracted from their bodies."

Tracy's third baby was born at home last year with the delivery attended by lay midwives and friends.

"We were really in tune," she said.

Vulnerable

"When you're in (natural) labour, you just keep doing things that make it better for you. People are suggesting things, looking after you. You're never left alone."

"When you're in labour, you're really vulnerable, and these women didn't abuse that."

Although Mani went to the hospital after her home birth, she still remembered the experience as "really neat."

She enjoyed waking up in the middle of the night and not having to shift, feeling relaxed, lots of nice things going on such as music, a fire in the living room and cups of tea.

"There's a nice energy build-up, lots of enthusiasm," she said. "People are working on just being kind. It's nice when it's organic. You're very sensitive to other people in the room when you're giving birth."

A 1981 British study found home birth statistically safer for normal, and many abnormal, deliveries. One clear bonus was the bond between mother and baby, undisturbed by hospital routines in those first hours and days.

Tracy said mothers didn't look after their babies in hospital.

"They're quite happy to play mother to your baby," she said. "At home, it was my baby straight away."

Mandy agreed. "I felt so wonderful, so strong and powerful, that those emotions are passed on to the baby," she said.

"The other kids really bonded with the baby. That lasts forever."

Home birth is not a new choice. Nor should it be associated with the Third World's lack of medical resources - 40 per cent of Dutch babies are born at home.

One recent change has been the politicisation of the choice. Currently, a woman must become a nurse before studying to be a midwife. The process takes six years, includes just 18-20 weeks of obstetrical work, and can easily foster a pregnancy-as-illness outlook.

As a result, midwives have taken up the struggle for direct-entry training to separate midwifery from nursing (the World Health Organisation's definition of a midwife makes no mention of nursing). Until then, lay midwives, without opposing domiciliary midwives, will continue to broaden the range of existing services.

Carly Judd and Mandy Waata (now a lay midwife) explained "If the Government won't make midwifery autonomous and provide a direct-entry midwifery training course so women can have the births they want, then lay midwives will proliferate."

"Women choose lay midwives because they want options in childbirth and the state won't amend legislation and provide midwives who can give women what they want."

Strategic plan

This approach seems firmly in line with the Northland Area Health Board's Strategic Plan 2000, which aims: "To have women identifying and defining their own health needs and taking responsibility for their own health care... (within) a comprehensive, effective and efficient women's health service that is holistic, culturally appropriate, meets the needs of women and maintains their dignity."

Assuming responsibility is the essence of a well-planned home birth.

"Some people think it's elitist," Tracy said.

"They say, 'It's all right for you, you've got your family around,' or something like that."

"But you just plan everything for yourself. As soon as you know you're pregnant, look around for women who know what you want. Be prepared to be open, and find someone you can really lay your trust in."

"It's a matter of having the guts."

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