

## Home birth

Sir,—I am amazed the Home Birth Association claims that 75 per cent of pregnant women are eligible for home birth (March 15). If I had accepted that claim and opted for home birth last year, my son and I would not be alive and in good health today.

Six months ago, I was due to deliver my third child. I was in perfect physical health and had a relatively normal pregnancy. I was even able to work part-time and had two small children to care for. I was also at a "safe age", 24 years, and had a very good obstetric history.

My first child was born after five hours in labour and my second was born less than an hour after I woke up at home in second-stage labour. Both births were at the National Women's Hospital, Auckland, and were very happy experiences with my husband and family doctor present.

My doctor and I were expecting an even quicker delivery than my last. Unfortunately, as the Home Birth Association fails to admit, one cannot foresee how any delivery will go. My baby had a prolapsed cord and required an emergency Caesarean section. I had a severe haemorrhage owing to a ruptured uterus, which necessitated an emergency hysterectomy and blood transfusion. Both these serious complications were unexpected and could not have been dealt with by

a midwife at home or at a small obstetric unit.

I acknowledge the likelihood of such complications is rare but they do not necessarily happen only to "high-risk" women, as the Home Birth Association seems to suggest.

In spite of these complications and the "technological intervention", I was able to have a Polaroid photo of my baby immediately after surgery and had him in my room 12 hours later.

A baby, about to be born at home, does not have much choice if complications arise.

**Julia M. Witchalls**  
(Auckland)

To update your article: since January, there have been two full-time domiciliary midwives in the Wellington area. Your article mentions only one.

Deviations from a normal labour pattern in any low-technology situation require transfer to a base hospital. So what does a birth centre offer? Three changes of venue for women in labour needing obstetric help; ie, from home to birth centre to base hospital. People I attend at home have a double bed and a homelike atmosphere and I am at a loss to see the advantage of a woman in labour getting into someone else's bed and looking at someone else's floral wallpaper and pot plants.

With reference to Professor Bonham's comments, I see he puts safe obstetrics before good human relations. I would expect

that from someone in his position. I would advise him to read the excellent book *The Place of Birth*, by John Davis and Sheila Kitzinger, which thoroughly researches home birth, or Lewis E. Mehl's numerous publications on the subject.

I was amazed to read that pethidine has "virtually no side effects" other than disorientation of the mother. The long- and short-term effects of pethidine and other sedative drugs on the foetus and neonate are well documented, as Professor Bonham very well knows. Any mother attempting to breast-feed a sleepy, unresponsive baby could tell him as much. The "good human relations" between the domiciliary midwife and the family mean that mothers very rarely ask for drugs in labour at home. This is in marked contrast to the hospital setting, where drugs are offered and asked for most of the time.

Thank you to the *Listener* for publishing this timely article. Perhaps Television New Zealand will consider a major documentary on birth in New Zealand.

**Jennifer Gardner-Sage**  
Domiciliary midwife  
(Hutt Valley)

Pauline Ray says that our perinatal mortality rate is 14 per 1000. She implies that, because 47 per cent of births in the Netherlands take place at home and the perinatal mortality rate there is 4.2 per 1000, home births

should be encouraged for suitable people in New Zealand.

She does not point out that just a few years ago, when almost all births in New Zealand took place in hospital, we had the lowest perinatal mortality rate in the world. Now, according to the WHO, we are in 25th place. This alarming fact has nothing to do with home births as compared with hospital births. It has to do with the dramatic change in New Zealand society with the influx of Polynesians.

The implication which cannot be ignored is that neither hospitals nor those supervising home births are dealing adequately with the antenatal problems of Polynesians. We need a campaign for public awareness of proper antenatal care long before we need a debate on the merits or failings of home births.

**Jennifer Bukowski**  
(Auckland)

Let's set the record straight for those families trying to decide the best place to have their babies. Having a baby in a hospital does not necessarily mean that a woman "has to fight every inch of the way to have a choice of alternatives . . . to fight to resist sedation, induction . . . separation from her infant and husband" and so on.

We had our baby in a large public hospital in January this year. From the beginning of labour until the actual birth, my husband and I were in control. I was not induced, attached to a foetal heart monitor or given oxytocins. I was given pain relief — pethidine — only when I asked for it. After the initial preparation (and I didn't feel I needed moral support in the toilet or shower), my husband was with me for the whole process, including the episiotomy and forceps delivery which ensued. A midwife was with us from the transition phase until the birth, answering our questions and explaining what was happening as required.

When the baby was born, he was immediately wrapped — newborn infants are slippery — and given to me to put to my breast, and to my husband to hold. We were then moved to a small room, where I was given a sponge bath while my husband continued to hold our son. The nurses gave us tea and biscuits and then disappeared, leaving us alone with the baby for nearly two hours. I was then sleepy, so my husband wheeled the two of us to the ward and we were left, still with the baby, to sleep.

Far from being a "week-long

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## Letters

shuffle", the next morning I was walking to the shower and sitting cross-legged to feed the baby.

I should point out that I was not a private patient, and at no stage did I feel myself "brutally mishandled" by nursing staff.

I do agree that people should have the right to decide the best and safest birth place for their child. This choice, however, must be made after considering honestly all the alternatives available in their particular situation. Neither home nor hospital is of itself preferable; the most important factor is and always will be the people involved in the birth. And parents must ensure that these are the most skilled, sympathetic and caring available.

**R. Herrick**  
(Hamilton)

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