

Midwives

Sir,—Having just returned from a tour of the Netherlands, Sweden and Denmark to study their systems of childbirth, I am interested in the debate over autonomy for midwives. In his submission on the Nurses' Amendment Bill, Dr King mentioned the importance of considering complete systems of care. I agree with him. Each of the countries I visited has better statistics than ours, and all of them have midwives as the primary professionals caring for women during pregnancy, childbirth and the post-natal period. None of these countries has a "flying squad," even in the Netherlands, where 37 per cent of women give birth at home. In these countries, G.P.s play a minimal role in childbirth. If there are complications, a specialist is called. G.P.s have very limited training in obstetrics and even less in the field of normal childbirth. This raises questions about the motives of the Medical Association in objecting to midwives' autonomy. The specialists and health administrators I spoke with in each country I visited were happy with the midwife's role. There was no question that safety was being compromised in any way. The statistics confirm this. I believe midwife autonomy will provide a real choice for New Zealand women.—Yours, etc.,
CELIA GRIGG SOWMAN.
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uneventful delivery with a very low incidence of complications.

In those days I began to collect measurements of the fundal height of the uterus which led, in 1982, to the invention of an obstetric measuring tape as a simple aid in assessing the duration of pregnancy and the size and growth-rate of the infant. With the advent of ultrasonic foetal heart detectors and scanning machines, it seemed that the tape would no longer be of use (except perhaps in underdeveloped countries) because ultrasound was displacing accepted clinical methods of examination and being relied on totally.

As time went on, however, it became apparent that ultrasound diagnosis, depending on human application of high-frequency sound waves and interpretation of their echo patterns, was not infallible. There is thus still a place for routine clinical assessment, particularly regular measurement of the fundal height of the uterus. In general, clinical methods should be combined with scan findings in order to arrive at a more accurate diagnosis.

It is unfortunate that obstetricians, frequently overworked and stressed from the pressures of peer and media review and the threat of medico-legal claims, may take some action which can prove to have been unnecessary or incorrect. One can understand why it is felt that doctors interfere too readily with normal processes and should not employ modern methods of diagnosis and treatment.

Such critics overlook that, in the past, the incidence of complications, of maternal and foetal loss and brain-damaged infants, was so much higher when the pregnancy was left to Nature out of necessity. In fact, Nature also is not infallible. Turning the clock back is not the solution to many of today's medical dilemmas. Few today would seriously question the safety and value of the judicious use of, eg, sphygmomanometers, x-rays, cervical smears, and the many varied scopes, monitors, procedures and lab investigations, yet there was a time when each of these was considered an unsafe modern technological advance.

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BIRTH: WHO DELIVERS BEST?

I do not usually consider a lay publication the appropriate place to air medical matters, but if the facts reported in the March 26 *Listener* are a true record of the Gallagher case, one cannot help feeling appalled and moved to convey one's deepest sympathies to this unfortunate couple and to the medical and nursing staff involved. It is hardly surprising that women placed in such a situation may feel they have been denied any real say in decision-making, and choose, perhaps misguidedly, to have their next pregnancy under the total care and responsibility of a midwife, with a home birth, right away from hospitals, doctors and modern technology.

It was not that many years ago, before ultrasound and prostins, that most obstetricians would probably have adopted a conservative approach in such a case and allowed labour to start spontaneously. This often occurred quite shortly and proceeded to an

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