who enjoy attending women having babies. I also know a couple of doctors I would not let loose near a fertilised budgie egg, much less my multiparous cat.

It is the women of New Zealand whose choices I want to see extended. These three articles are part of the information women have access to as they deliberate on the choice of who will look after them during pregnancy, labour, delivery and afterwards. I am not at all sure that the articles have made their choice any easier and am wondering who is to blame.

Jennifer Sage
Charge Midwife
Hutt Hospital

My hackles alternately rose and fell as I read the fascinating article on midwifery and the birthing scene in New Zealand (March 12). They sat straight up and stayed there when I got to Mr Christopher Harison's comments about active birth positions.

Has Mr Harison been so blinkered throughout his professional life that he has not read even a little of the mass of evidence against a woman labouring on her back? What a terrible tragedy that professionals such as these who are in the best position to encourage women to do what feels right in labour (that "gimmicky stuff" like squatting or standing), have to be so damning and plain wrong.

My sympathies lie with the women of Thames who are dictated to in this manner. They should simply not tolerate it.

Jackie Hoffman
(Riccarton)

BIRTH: WHO DELIVERS BEST?

I had hoped to get a realistic view of childbirth in New Zealand by reading the three articles by Pamela Stirling (March 12, 19, 26), grandiosely described as a "major report". I was sadly disappointed.

The first article concerned conflict between midwives and doctors. Granted, there is a reappraisal of respective roles which has been evolving over a number of years, but not all doctors and nurses are slugging it out as the article implies. The article also entered into the home birth v maternity unit debate. I can only assume that the author had not read the Rosenblatt article which she so freely quotes, or she would have noticed the major flaw in the study design which renders it useless in this debate.

Also in the first article, a home-delivery stillbirth due to the midwife's inexperience was noted in four short sentences, which seemed the right balance in the overall article. It was therefore a surprise to find that all two-and-a-half pages of the next article concerned one stillbirth due to a rare complication of the relatively infrequent procedure of amniocentesis. There was no case history from one of the many hundreds of babies whose lives have been saved by this procedure. Surely the aim of good journalism is to give balanced information?

Part three was all about a very rare mistake made by two ultrasonographers. This time the tragedy of death was averted by highly skilled care at Wellington Women's Hospital. However, the article could not resist making frightening allusions to the possibility of brain damage in premature babies, even though at 14 months the baby concerned is normal. There then followed some remarks about the possible dangers of this type of ultrasound, although none has been found over the past 30 years. Once again there was no case history from the many mothers and babies whose lives have been saved by the investigation.

Childbirth in New Zealand for Pamela Stirling is one long saga of fighting and grasping professionals mismanaging those in their care. The only babies who seem to survive are a small proportion of illegal home-births. So, if we are to believe the writer, our mothers would be wise to deliver overseas. It is true that in any group of people there will be a few who are self-seeking and callous. It is also true that — however good, compassionate, skilled and hard-working — people will make mistakes. In medicine it is also true that even when everything is done perfectly by the professionals things can still go wrong. However, a look at the number of live and dead births in New Zealand over the past 50 years shows that these three articles give a false picture of what is happening.

The modern science of midwifery is a difficult and skilled art, requiring much stamina and many human qualities. These biased articles can only add to the difficulties of midwives and doctors. More important, much unwarranted fear will be engendered in the minds of parents who believe this to be a true picture of New Zealand childbirth. By all means let us have informative articles on childbirth in our country, and let us also have separate ones showing up individual injustices, but to print such a narrowly negative view of so emotive and important a subject is shoddy journalism. It could also lead to unnecessary stillbirths if parents accept the false view that is presented. So, what was the point of publishing it?

(Dr) V J Hartfield
(Wanganui)

(Pamela Stirling replies: *Dr Hartfield refers to a "major flaw in the Rosenblatt article". The editors of the* Lancet *examined the methodology of this report before accepting it for publication and found it to be entirely acceptable. The research has also been quoted in the* British Journal of Obstetrics and Gynaecology. *The* Listener *article took care to point out that at least some of the statistical success rate of small hospitals may have been attributable "to an effective screening policy which ensured that high-risk women were transferred to appropriate specialist care". However, as my article again pointed out, recent research by a doctor working in a small maternity unit indicates that the referral and transfer rate during the period Rosenblatt covered in his research was, at least in some cases, very low.*

The writer also implies — correctly — that the perinatal mortality rate has declined in New Zealand over the past 50 years. However, there is no evidence to link this with either increased hospitalisation of birth or increased technological intervention. The British Journal of Obstetrics and Gynaecology *has published research by Campbell and Macfarlane which shows that, in Britain at least, a "statistical association between the increase in the proportion of hospital deliveries and the decline in the crude perinatal mortality rate seems unlikely to be entirely or even mainly explained by a cause and effect relation".*

In another article published by the same journal, British medical researcher Majorie Tew went further "... the increased use of interventions, implied by increased hospitalisation, could not have been the cause of the decline in the national perinatal mortality rate over the last 50 years and analysis of results by different methods confirms that the latter would have declined more in the absence of the former".

Tew and other researchers point to an alternative explanation of the decline in perinatal mortality, "namely the improvement in the health status of mothers built up over several generations". The US Medical World News *has published a report showing that reductions in foetal and maternal deaths have coincided with a period of general public health improvements, including improved nutrition, lower birth rates, fewer closely spaced children, greater availability of antibiotics, better housing and heating, and better risk assessment during pregnancy which enables the minority who need specialist help to actually get it.)*

Any honest professional person in the childbirth field has to live with the knowledge that they have made errors of judgment and remember situations that with the wisdom of hindsight they would have handled differently. The two cases chosen by the *Listener* are sad examples of "high technology" going wrong. It is easy to see that in retrospect. A "low-tech" approach sometimes also leads to an equally tragic outcome.

All midwives and doctors approach childbirth with their own biases based on their experience, education and research. I believe that 85 percent of women in this country are "low risk" and could be well served by midwives only, with consultation access to obstetricians as required. But I work daily and happily with many GPs and obstetricians

myself and my baby. All the professional sta
took time to explain procedures clearly a
labour progressed. Interestingly, I wa
periodically reminded by the team of the hig
possibility of a caesarian delivery, but at th
same time told they would avoid this at a