

# Winton doctors advising against home births 3.4.90

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There has been a marked increase in the number of Central Southland women inquiring about home births as a result of the Winton Maternity Hospital being closed.

But doctors at the Winton Medical Centre have advised against such action in the interests of safety of both the mother and baby.

Although unhappy that after seeing a woman during her pregnancy the Winton doctors are unable to carry out the delivery at Southland Hospital, Dr Terry Wilson has warned women against opting for a home birth.

"We have had a lot of requests for them out here lately, but we are not happy about doing that because we feel it puts the patient at risk," Dr Wilson said.

Commenting on the Southland Area Health Board's decision not to accept a proposal put forward last week by the Central Southland Hospital Charity Trust to reopen the maternity hospital, Dr Wilson said he believed it was wrong.

He said one of the main areas affected is the doctor-patient relationship.

"For most of the pregnancies, we do the antenatal checks here at Winton. We are then unable to do the deliveries but see the patients again for postnatal checks.

"While better than not seeing them at all, we would much rather deliver the babies here and follow the pregnancy right through after a relationship has built up between the patient and doctor.

"I also think that switching from one doctor to another just a couple of weeks before the birth is fraught with problems, also making it

harder on the obstetrician who is to carry out the delivery," he said.

In submissions made by Dr Wilson and his two colleagues at the Winton Medical Centre — Dr Tony Revel and Dr Philip Jacobs — Dr Revel told the area health board all the partners in the practice came to Winton because of the obstetric facilities available.

However, Dr Wilson said yesterday he did not believe any of the three doctors would now leave the practice because of the closure.

"None of us would choose to leave because the hospital has closed, but we are not going to be here for ever.

"We see the maternity services here as a great attraction to young doctors coming through.

"At present, the number of doctors means there would be no shortage of applicants for a post here so that is not a problem at the moment."

## Public hospitals given warning

By DEBORAH McPHERSON

Salaried medical specialists' award negotiations resume today in Christchurch, with a warning from their union that the public hospitals could lose their skills if award talks fail this time.

The negotiations started in early April, but were adjourned after a lack of agreement.

The award covers about 2000 doctors and dentists, who are mostly employed by area health boards. By statute the award negotiator is the State Services Commission.

Those covered outside health boards include doctors and dentists covered by Family Planning, union health clinics, voluntary agencies and private clinics.

The executive director for the Association of Salaried Medical Specialists, Mr Ian Powell, said last evening that the specialists were claiming a 9 per cent wage increase and improved working conditions.

Their biggest grievance was with the rostered on-call and call-back system, and its consequent anti-social hours and disruption to family life.

Mr Powell said the negotiations were critical, because if they failed New Zealanders could see the gradual collapse of the public hospitals.

Specialists could achieve more lucrative incomes from private practice. Unless the issues were resolved, the public hospital system would lose those people, said Mr Powell.

Strike action was not being contemplated, however, he said.

"Unless public health employers face up to their responsibilities and work with us to solve these problems, public hospitals will be unable to retain and recruit skilled specialists," said Mr Powell.

"Should this happen, it will be disastrous for the public health service and for all New Zealanders."

## Birth trauma affects babies—osteopath

By DEBORAH McPHERSON

Traumatic births could cause babies to be irritable, get colic and have trouble sleeping and breast feeding, says a Christchurch osteopath.

Ms Janet Meller, a registered osteopath, said many mothers were not aware that their infants could be affected by stressful deliveries.

Long labour, breach or Caesarian births, a large baby passing through a small pelvis, and the use of forceps were common examples.

Some babies who experienced such traumatic deliveries later showed irritability, sleeplessness,

difficulty in breast-feeding and colic.

These symptoms could be relieved by cranial osteopathy — a gentle painless skull massage to relieve compression in the skull and spinal column.

Ms Meller is one of four osteopaths offering free skull structure checks for children and teenagers on the next two Saturdays as part of a national osteopathic medicine week.

The checks will be offered to those aged up to 18, between 11 a.m. and 1 p.m. at 69 Worcester Street and 94 Opawa Road.

Ms Meller will be at her Opawa practice with Ms Alexandra Kullack. The other two osteopaths

offering check-ups are Mr Chris Rowse and Mr Alex Jacoby, who have the clinic in Worcester Street.

Ms Meller said the advent of television, videos and computers and the demands of the education system meant children now sat longer, often in slumped positions. They risked spinal pain.

Accidents and falls could also lead to muscular and skeletal strains and later pain.

She said osteopaths diagnosed and treated faults in the muscular-skeletal system, which were often due to injury or stress. The most common complaints were neck and lower back pain and tension-related headaches.

## Finding may prevent premature births

By DONNA CHISHOLM of the "Sunday Star," through NZPA

An Auckland biochemist's discovery of a "pregnancy protein" means doctors could soon be able to predict and prevent premature births.

An obstetric and gynaecological researcher, Mont Liggins, says the find by an Auckland University biochemist, Theresa Wilson, is "probably the most important discovery in human pregnancy for 20 years."

Ms Wilson has beaten at least five other groups of researchers around the world by identifying the protein she calls gravidin, which she believes is vital in maintaining pregnancy.

While the exciting early promise of Ms Wilson's work is still to be confirmed by a study beginning in Auckland in June, Ms Liggins believes it has the potential to eliminate about half the nation's 3600 annual premature deliveries.

"Theresa's protein is the first real sign of a substantial progress in this field," he said.

"It offers the possibility not only of being able to diagnose pre-term birth in advance, but

also to do something about it."

But Ms Wilson is battling a minefield of ethical and financial difficulties which have significantly slowed her research and delayed clinical trials on the discovery.

Problems obtaining ethical approval for early blood tests meant she had to have samples from 80 pregnant women frozen and flown in from Australia.

She believes the aftershocks of the Cartwright cervical cancer inquiry will cause resistance in National Women's Hospital patients whom she hopes will take part in the next stage of her work.

A further setback will be the demise of the Medical Research Council, which has supported her and her technician since the research began six years ago.

The pair will be left without

council money from the end of June. Overseas support, in the form of a \$180,000 three-year grant from the London College of Obstetrics and Gynaecology, has secured Ms Wilson's salary and running expenses, but if more money is not found for her technician the research will be hampered.

The size and duration of the London award is rare and reserved only for the most exceptional projects.

Ms Wilson hopes to recruit 300 women for her gravidin survey, which will involve taking monthly blood samples and testing them for levels of the protein.

While the Australian samples have already shown the levels fall in late pregnancy and are significantly higher in some women, Ms Wilson wants to prove that women with low

levels do give birth to premature infants.

The women will not be routinely advised of their protein levels but will be told if they ask. Wilson says it is not ethically appropriate to try to treat women with low levels before her theory has been scientifically confirmed.

While she awaits the result of the study, which could take 18 months, she will work on ways of manipulating gravidin levels as a treatment for premature labour.

The protein also has the potential to control inflammation and pain in conditions such as rheumatoid arthritis.

Ms Wilson, aged 43, was attracted to the research partly because her own son was born 11 weeks prematurely in 1976 and was given only a 50-50 chance of survival.

"I feel very excited about the results. It is a privilege to be able to work in this field, particularly because I have had such a personal experience of the problems," she said.

## National group for midwives

Midwives have set up their own professional organisation to break away from what they see as elitism in the medical profession.

After several years planning, the New Zealand College of Midwives was formally launched in Christchurch on Saturday.

The national president, Mrs Karen Guilliland, said the Cartwright report had made a lot of midwives accept that a separate body was needed.

"The report highlighted how elitist the medical profession has become," she said. "We do not want to exclude women from what is going on."

Mrs Guilliland said the women the college worked for were included as active members.

"We rely on the involvement of other women in order to achieve a profession and health service which reflects their needs. The objectives of the college reflect this commitment to sharing knowledge."

In the past midwives have been represented by the Nurses' Association.