

# Couple facing prosecution after birth

PA Whangarei  
A Whangarei woman may be prosecuted because she chose to have her baby at home without medical help.

Anu Sparx's daughter was born five weeks ago at her Whau Valley home.

Ms Sparx delivered Raven Ariel herself and says the birth is none of anybody else's business.

But the authorities do not agree. Whangarei's Medical Officer of Health, Dr David Sloan, said it was illegal for women to deliberately have children without a doctor or midwife present and it was up to the Northland Area Health Board to enforce the law.

Dr Sloan visited Ms Sparx at

the week-end and later said he was investigating the case to determine whether an offence had been committed. He would then decide what action should be taken.

Ms Sparx and the baby's father, Rain Gobi Hawk, are furious about the intervention in what they say is one of nature's most natural and personal experiences.

"What right have they to tell me how I should have my baby?" Ms Sparx said.

The couple reject the scientific view of birth and say it is ludicrous that women have to submit to someone else's idea of childbirth. Ms Sparx, who has one other child, says she saw her first birth at 18 on a bus in

Mexico. Since then she had been at 200 births, only one of which was in hospital.

"It was awful — clinical — there was nothing human about it. In the end the woman asked me to take her away from there."

She laughs at claims by the medical profession that they must deliver babies.

"All they can do is take it from the woman's body as she delivers it. It's her birth. It's nothing to do with them."

She says Raven's birth was smooth and uncomplicated and she was in labour for only 1 1/4 hours.

Raven was born in water in the bathtub (something the medical professional frowns on)

but reports of the birth were exaggerated so much it was described as a "horror story," Ms Sparx said.

Somebody complained to Dr Sloan, who sent Ms Sparx a letter informing her she could be prosecuted.

She said it would have been easy to pretend she did not deliberately plan to have the baby without medical help, but she did not want to compromise her principles by bowing to the system.

"Of course something could go wrong, but that's life. Things go wrong in hospital too, but they (doctors) are covered against that. What gives them the exclusive right to life and death?" she said.

# Finding may prevent premature births

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

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

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.