

## Electronic fetal monitoring criticised

NEW YORK

A WIDELY used electronic technique that monitors the fetal heart during delivery is no more effective than a stethoscope in detecting fetal distress, according to a study published in the New England Journal of Medicine yesterday.

The study also says the technique may increase the risk of cerebral palsy in premature babies.

Electronic monitoring became common in the United States after studies in the 70s suggested a link between fetal heart rate and signs of oxygen deprivation during delivery that could lead to brain damage.

Early development of 93 premature babies, who had been monitored with wire electrodes during delivery, was assessed. It was compared with that of 96 similar children who had been monitored by stethoscope.

The study recorded a 2.9-fold increase in cerebral palsy among babies weighing up to 1.8 kilograms who were electronically monitored. — NZPA-Reuter

# Early-release mothers short on basic skills

By DEBORAH McPHERSON

Women lacking mothercraft skills and having difficulty in breast feeding are problems encountered by midwives as a result of early discharge from Christchurch Women's Hospital.

The Nurse Maude District Nursing Association's chief executive, Mrs Anthea Bowden, said its midwifery services had been under increasing pressure for two years.

The midwives were finding they had to spend more time on their visits with mothers just out of hospital.

Mrs Bowden said she was not casting aspersions on the policy of early discharge. It was fine as long as there were the resources, either in the community or hospital, to meet the needs of mothers.

If the trend to reduce stay at Christchurch Women's continued, increased resources for care in the community were going to be needed.

The association has written to the Canterbury Area Health Board pointing out its increasing workload with mothers and among discharged dependent and disabled people. It awaits a reply.

Nurse Maude provides specialist nursing, district nursing and domiciliary midwifery services on behalf of the board.

Its five midwives, one full time and four part-time, make 125 visits a week to mothers recently out of hospital.

Mrs Bowden said women needed to have confidence in caring for and handling their baby. This might not be established after three days in hospital.

An independent midwifery service providing free home care for mothers after early dis-

charge is astounded that it has been refused permission to advertise at Christchurch Women's Hospital.

One of the service's midwives, Mrs Norma Campbell, said its service was part of the free public health service with the potential to help alleviate the constant pressure on beds at the hospital, she said.

The five midwives who run the service are paid by the Department of Health to provide care for mothers who opt out of hospital early after delivering their babies and need follow-up care at home.

"We are contracted to the Minister of Health and the Health Department is happy that we provide a good service for mothers, which is why it pays us."

Mrs Campbell said she understood the board had a policy of not allowing any general practitioners to advertise there, but mothers were legally required to go to doctors during a pregnancy.

"We are advertising a service, rather than individual practices," she said.

"Women should at least know what their options are, but many are unaware of the service."

The midwives were refused permission to put up a notice in the antenatal and parent-craft classes.

Legislation was expected to be passed in June which would allow midwives to legally take care of mothers who wanted it from the beginning of the pregnancy through to delivery. At present a doctor was required to be present.

The board's manager (secondary care), Dr Winston McKean, could not be reached for comment yesterday.