

"Hard labour" enabled me to identify with probably many other women who have suffered high-tech birthing procedures.

Several months ago, I was induced with syntocinon and yes, it was extremely painful, meant that I had to have an epidural, and resulted in a Kellands Rotation/forceps delivery. Not only was I physically damaged, but psychologically as well. The birth experience was degrading, frustrating and probably unnecessary. Once I had been internally examined, induction became necessary because of the risk of infection.

I was admitted to Middlemore Hospital, saw three changes in staffing, and found what should have been a joyous occasion (for which my husband and I had prepared for two-and-a-half years) a very frightening nightmare:

- I had a young male doctor attempt to examine me internally (my own female doctor had already done this prior to my admission to Middlemore).

- The nursing staff marched in and out of the delivery suite with total disregard for any degree of privacy.

- The midwife I ended up with was in her 50s, did her training in England, and believed that delivering a baby was done with the mother "flat on her back, legs in stirrups". She was rude, and would not co-operate in any way. She refused to deliver the baby as naturally as possible and intimidated me by saying such things as that if I was not fully dilated by 12 o'clock, it was upstairs for a caesarian.

- What really annoyed me, however, was that I was treated as an ignorant woman who had no idea of what was happening to me and therefore could not possibly make informed decisions for myself or my baby. But having my baby was no accident; I had done a lot of research on it, attended ante-natal classes, etc.

Seven months down the road, I am still very angry at what happened. I wish the so-called "professionals" would bow out and let midwives like Bronwyn Pelvin do what they are committed to doing: delivering babies as naturally and comfortably as possible for both mother and child.

I noted that, in your article, those who vetoed midwives delivering were male doctors. Doctors such as Nick Terpstra and Christopher Harison are definitely talking from a textbook, "back-pocket" position. When the male doctor at Middlemore tried to examine me, I said definitely not and insisted on a female-only staff. My belief is that with men not having babies themselves, they have no idea at all what a mother feels. Their conceptions of birth are what they read in books.

Coupled with this is the idea that women don't know what is best for themselves and should leave such important decisions to doctors. I am not simply a baby vessel, and I resent anyone who tries to suggest that I am. I can think and make decisions for myself.

Why then in Middlemore was I ignored? It will be a few years before I attempt to have another child. The saying goes that you soon forget the pain. My birthing experience is still very fresh in my mind, and still makes me very angry. What gives doctors the right to decide how we should have our children? Who made them God?

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(Papakura)

neonatal care. The fact that one part of the technology was not perfect is actually the norm, not the exception. By implying that such technology can be perfect I believe you mislead the public.

The final issue is the position of the doctors. The essence of the case is that they were all acknowledged as competent, but despite their best efforts the disaster happened. Have you stopped to think what it feels like to be a doctor involved in such a case?

The whole case is a distressing disaster. The family had put trust in their doctors and inevitably lay some blame on those doctors. This eases their grief and the burden of responsibility they feel in such circumstances. But the doctors were responsible; there is no one they can shift responsibility to. This is a part of medical practice (albeit a poorly recognised part, and a part that did not feature in my training) and it could be argued that if you can't stand the heat you should not be in the kitchen. However, sensitivity is an attribute that many would like to see in their doctor. Any sensitive person would feel dreadful about the circumstances of Cameron's birth. Maybe so dreadful that they could not cope with facing the parents. Plastering the story over the pages of the *Listener* does not help.

Shortly after starting in general practice I made an error of judgment and postponed a house call so that I could have my tea. The patient died when I might have been able to save him if I had gone earlier. I seriously considered leaving medicine for some time after that. I did not see the family again to apologise because I knew that all I would end up doing would be to lay my problems of coming to terms with his death on to an already grieving family. If some well-meaning journalist had done an article about that I am sure I would have crumbled.

I hope that in future you will consider more deeply the public benefit of exposing individual cases of medical misadventure where there is no question of malpractice. We do not want to emulate the US, where doctors have difficulty caring for fear of malpractice suits that are the end result of the premise that doctors are able to be infallible.

May 7-13th. (Dr) Ben Gray  
(Waitara)

## BIRTH: WHO DELIVERS BEST?

I would like to say with regard to home births (March 12) that I am more than grateful to Bronwyn Pelvin for what she has done in our situation.

I would have been a classic example of induced labour had I surrendered to hospital care. My waters broke six days before I gave birth to our son, and what with serious contractions on three of those nights Bronwyn's constant confidence in us that all would go as Nature had planned as long as my temperature was normal and the baby's heartbeat regular, allowed us to have Nicholas in the environment we had chosen.

Bronwyn stressed that an internal assessment was not necessary as this is more likely to lead to internal infection. If *any* problems had arisen we would have gone straight to hospital. In our opinion the purpose of hospitals is for medical complications, not natural functions.

I was in fact one of the illegal births at the time when doctors were all adamantly refusing to back home births. The traumatic effects that I experienced from this, and the doctor's lack of confidence in my ability to give birth naturally, undermined my confidence during pregnancy and caused unnecessary distress. I am thankful that Nicholas arrived safe and well, without any difficulties.

We both believe that midwives are the people for this task — not doctors.

**Inez Kolff**  
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The article about Cameron Gallagher (March 26) asked, "What went wrong?" The simple answer is that both humans and technology are fallible. There is no question that any of the medical practitioners should be charged with malpractice.

Decisions about whether ultrasound should be used to diagnose foetal death should be made on the study of large numbers of cases and comparing with other options, not on one case that went wrong. Part of the development of any technology is continued questioning of its place in practice. This happens all the time and of course this will be reviewed as a result of this dreadful disaster.

More important, though, are some of the implied messages that came through in the article. There is an implication that doctors insist on using technology for some reason other than the best interests of mother and baby. Do you really think that doctors in good faith would continue using it if they knew it to be harmful?

It is easy to say with hindsight that a mistake was made, but your article did not look at what happened when there was no ultrasound.

The obvious other point is that this is a technological baby. He would not be here if not for in vitro fertilisation or high-tech