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Emphasising home birth as normal and healthy event

SO MANY Dutch babies being born at home means women can see pregnancy and childbirth not as illnessess but as normal events, says a Dutch professor in obstetrics and gynaecology.

Professor Pieter Treffers, head of obstetrics at a major Amsterdam Hospital, the Academical Medical Centre, says if hospitals are the only birthplaces an unhealthy impression is created. Birth is seen as something like an operation.

He is an influential figure in Dutch medicine as his department is part of the University of Amsterdam and medical students are trained at the hospital.

Here they work alongside midwives. In some medical training hospitals in Holland midwives are absent.

The full range of births from normal to the most difficult are dealt with. Medical students can also volunteer to spend time working with an independent community midwife at the end of training, so seeing home births.

The professor is a striking character. He comes across as remarkable for his ability to objective open criticism of his own profession, along with midwives.

"It may be important that normal pregnancies are under the care of a profession not entitled to interfere in normal pregnancy and normal labour because in the whole world the number of interventions is increasing." he says.

He cites Holland's low rate of caesareans and low use of pain relievers during labour as due to the influence of midwives and women's views of labour.

In a paper published in 1986 in the journal Hormones and Behaviour, Dr Treffers graphically describes a serious mistake he made in a foreceps delivery of a baby.

He goes on to challenge doctors to openly admit making mistakes.

"It is difficult, after having failed, to go back to the patient and to discuss it openly. Nevertheless, that is what the patient usually needs most and, truly, what the doctor needs himself."

In obstetrics Dr Treffers says both midwives and obstetricians have confidence in their management of deliveries.

This attitude will not do too much harm if they stick to selected patients — low-risk pregnancies for midwives and high-risk for obstetricians.

Obstetricians who are not critical of themselves are in danger of performing more and more unnecessary interventions, says Dr Treffers.

"The uncritical obstetrician will be convinced his therapy is effective because normal pregnancies usually end in normal deliveries of healthy children despite all the interventions by the obstetrician..."

Dr Treffers says the medical specialists should also keep a critical eye on midwives and vice versa.

Obstetricians have to point out that problems should be recognised in time, and midwives remind them that sometimes more investigation and intervention is done than necessary.

A criticism of the Dutch system comes from obstetrician Dr Frans Roumen, who works at one of Holland's three training hospitals for midwives — the St Elisabeth Clinic in Heerlen.

He says midwives select normal pregnancies and refer on pathological ones but there is no requirement to monitor standards or give feedback.

"If there are problems with the delivery, the midwife may not tell anybody. No one has to check.

"Of course we think all of the midwives try to do their job as best they can but there is a problem in this system because everybody wants to have a good result — obstetricians, midwives, paediatricians, parents — and when the results are not as good as you want them to be you can do two things, talk about it or not talk about it."

For midwives working alone it is easier to fudge the results, he says.

But a midwife tutor at the clinic, Margot Elinys, says more and more midwifery graduates are working in group practices. About 8 per cent work solo.

She says there is feedback from colleagues. Obstetricians are in the same position at deliveries — with only assistants present.

Dr Roumens also cites doubts that all midwives bring babies with low birth weights into hospitals for checks, that midwives underestimate blood loss during labour and that perinatal mortality rates are underestimated in Holland because both obstetricians and midwives do not always record them if parents want to avoid the expense of burying their baby.

Ms Elinys says: "Whatever it is there will always be people who work with the rules and try to do a good job ... and you always have a group who do not.

"I do know that obstetricians see just our mistakes and that gives them the wrong impression of our work."

But Dr Roumens says mistakes are not the problem. It is when midwives are conscious of mistakes but put them aside which concerns him.

This was a point Dr Treffers made about doctors themselves. His 1986 paper noted medical literature was biased against reporting failures and complications. Only positive results tended to be written up for publishing, he said.

archy — a threat to the independence and strength of midwifery."

In a region of eastern Holland, Deventer, work of independent midwives in the community has been integrated more closely with the hospital system to attempt to overcome some of the communication problems.

Here complicated cases can be discussed by a team involving midwives or general practitioners and obstetricians.

When midwives or GPs do hospital deliveries they work as registered hospital staff members. Regular meetings take place to air problems.

There are about 155,000 people in the region. The city of Deventer is becoming industrial and has attracted workers from Turkey, Morocco, Spain and Italy. In the city about 50 per cent of deliveries are at home.

In the surrounding rural area between 50 and 80 per cent of deliveries are at home.

Deventer obstetrician Dr Jaap Schierbeek says: "In this region obstetricians and midwives get on well, but there are also regions where they don't talk to each other.

"When there is bad communication there is always trouble."

The Deventer team talks of problems in other areas and also in their own region of fierce competition between midwives and GPs.

Obstetrician Dr Bram Donkers says in some areas hospital specialists feel their hospitals become a "large dustbin" of problems when complicated deliveries are brought in at the last minute.

But Deventer midwife Ms Therese Hoorn says: "Because there is good communication (in Deventer) between midwives and doctors not many cases are sent at the last minute."

Different attitudes between midwife and obstetrician are still apparent here.

Ms Hoorn says: "Sometimes it's easier for us to go to the hospital for deliveries, but it's more cosy to do it at home. I like it more at home, but in hospital I admit it's easier for the midwife."

Dr Schierbeek says: "I see hospital as safer. I wouldn't be comfortable to do a delivery at home in a strange room."

Across cultures and regions in Holland variations in the home birth rate are evident.

"Several years ago we published a paper about complications of early amniocentesis. We have met severe and open criticism — complications like these could only occur with inferior techniques used by bad doctors."

Dr Treffers says checks on performance were needed for all, midwives and obstetricians.

He favours compulsory national registration of births. It has been done voluntarily, with obstetricians registering 70 to 80 per cent of their deliveries and midwives a higher percentage.

Emphasis on problem solving, communication and constructive criticism are the basis for midwifery training at the St Elisabeth Clinic, says Ms Elinys.

A new system of training began with changes to the way problem pregnancies are selected by midwives.

Dutch midwifery training is aimed at preparing the midwives for independent practice.

There is competition for places in the three-year course and it is very hard for nurses to get admitted.

Midwife campaigner Ms Astrid Limburg comments: "Women who train as nurses have learnt to become a part of the hospital hier-

In Deventer the older generation of Turkish immigrants preferred home deliveries but younger women now see this as old-fashioned.

In rural communities home birth has tended to hold out more strongly.

In Amsterdam Dr Treffers reports a new trend.

He says research has found a major difference between women preferring home and hospital births in Amsterdam.

Those choosing home births were older, more educated with better paid jobs and more status in society.

These more educated, independent women are also preferring to have vertical deliveries more often.

Vertical deliveries were introduced to Amsterdam by midwife campaigner Ms Limburg.

Dr Treffers says women choosing to deliver babies in his hospital were often immigrants. They came from Africa, Pakistan, India and Indonesia.

"These people like to deliver in hospital because in their own country delivery at home is something only the poor do."