

Minutes of meeting at Customs House, 28.2.82.

Present: Dr. Grieve, Dr. McGeorge, Dr. Sparrow, Dr. Nash, Dr. Tiller, Dr. Beard, Dr. Taylor, Dr. Copeland.

Sian, Maureen, Rhonda, Gillian, Joan.

Lynne Nicol, Ann Ireland, Cathi Sadler, Pauline Proud, Barbara McFarlane, Jill Wittmer, Alison Jones, Geoff.

Chaired by Deryn.

Item 1. Barbara had sent 48 homebirth doctors a letter inviting them to attend and discuss forming a chapter of homebirth doctors. Joan described the code of practise as adopted by homebirth doctors in America.

A number of those doctors present expressed the opinion that they preferred to keep a low profile to avoid criticism or conflict; that they would enjoy regular contact and discussion with each other but did not wish this to be formalised. They would benefit from sharing experiences, and would formulate a set of standards (acceptable risks, booking ladies with risk factors as private patients with hospital in case of transfer, provision of adequate cover so they feel less tied at times of expected delivery etc.) The Drs felt that a formal 'chapter' would have little 'clout'.

Deryn suggested that the doctors might join N.A.P.S.A.C. as a group so that they receive their publications as well as the H.B.A. newsletter; and the International Childbirth Association.

The doctors were asked how they felt about the formation of an 'obstetric list' which seems imminent and threatening to G.P.s practising home deliveries. Dr. Grieve felt that all Doctors practising at the time of initiation of such a list would be safe. Dr. Beard said that doctors would be required to attend 23 deliveries a year. Dr. Tiller said there would have to be a good reason for not being put on the list.

Dr. Nash suggested regular (monthly) meeting of homebirth doctors and domiciliary midwives. Dr. Grieve and Maureen agreed to organise same, first meeting to be held before end of March on a weekday after 7. Agenda for first meeting to include forming list of standards. Dr. Grieve felt that there should be no agenda - rather an informal discussion.

Item 2. Pressure on Doctors as result of transferring ladies to hospital.

Most of the Doctors denied feeling pressure and even said that they were very pleased with the co-operation of hospital staff. However, those who have actually followed-through the transfer and stayed with the patient (Dr. Nash and the midwives) have all experienced unpleasant pressure and criticism from hospital staff on at least some occasions.

Dr. Nash felt a clear set of standards for accepting patients and for identifying those at some risk who should be booked into hospital in case of transfer would be helpful. Dr. Grieve felt that it was not generally recognised by hospital staff that homebirth mothers were, in effect, being given a trial of labour at home, and that this should be made clear and would ease conflicts over transfer.

Other Dr. Sparrow expressed the opinion that the H.B.A. to not appear scientific enough in their newsletter and they should publish their set of standards but Deryn pointed out that the H.B.A. is made up of parents, not doctors. Geoff made the point that the hospitals do not publish details of births such as, risk factors, intervention etc.

Dr. Sparrow also stated that we would need to muster very strong, influential support to resist the kind of opposition we could expect in the future.

Dr. McGeorge said the Association between homebirth and optimum mental health for the infant should be stressed.