

## HOME BIRTHS

**W**ith a few exceptions, the medical profession is against home births. The reason is a simple one. Even the most competent midwife can strike trouble.

There is a growing trend today for women to want their babies delivered at home. Women are asking: "If childbirth is a natural, family event, surely it could take place at home with the family around?" And many women find hospitals clinical and forbidding.

In order to reduce the number of requests for home births, the National Health and Medical Research Council has recommended that obstetric hospitals promote a much more home-like atmosphere.

Many of Australia's hospitals are following the Council's recommendations; that conditions enabling natural childbirth be provided for those who wish them, with medical interference reduced to a minimum; that the emotional needs of the mother be considered, so that the birth is as pleasant and happy an experience as possible; that both parents be encouraged to attend classes preparing them for parenthood; that fathers be encouraged (at the discretion of the obstetrician) to be present at delivery and that visiting hours be flexible.

To cater for women wanting to have their babies "naturally" in a family-like environment, with their families around them, Australia's first birth centre opened last year at the Women's Hospital, Crown Street, Sydney. The centre holds three separate families at a time, in family privacy. Fathers, and other members of the family, come and go as they please. Fathers may stay through labour, watch the birth and help, if they wish.

Since then, birth centres have been set up at the Royal Women's Hospital and the Queen Victoria Medical Centre in Melbourne, and the King Edward Memorial Hospital, WA.

For mothers free of complications, birth centres seem ideal. Should there be the slightest complication, the labour ward is near and every modern device available. But even in birth centres, among perfectly healthy mothers, approximately one-third are transferred to the labour ward.

In Melbourne, Sister Margaret Peters, deputy director of nursing at the

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Royal Women's Hospital, told *The Weekly*: "We knew there was a reasonable surge of people — although a minority group — wanting a type of home birth situation with medical care. These women wanted to be more in control and take a part in the decision making."

In its first 10 months, the Royal Women's Hospital centre accepted 90 women. Of that 90 there were 71 deliveries in the birth centre. "We don't feel the remaining figure of 19 seems very high," said Sister Peters. "There are various reasons why birth may not take place in the centre. If a problem arises at any stage of pregnancy or labour, the woman is transferred to hospital care."

At Melbourne's Queen Victoria centre, obstetrics director Dr John Campbell estimates that 10 percent of the centre's patients are transferred for traditional hospital confinement. Main reasons are high blood pressure, haemorrhage and premature labour.

**P**erth's King Edward Memorial Hospital opened its centre aiming to bring in women who would otherwise have had their babies at home. There are stringent criteria for admission and any indication of a problem during pregnancy or labour will bar women from the centre.

Those free from complications, who are admitted, have the benefit of their own midwife. Labour wards supervisor Miss Judith Davies said: "We spend quite a bit of time with each woman before as well as during labour, so we know what she likes and what she doesn't like and what she hopes for in connection with the birth. The women love this personal care and attention."

"But," Miss Davies added, "so far those who are anti-establishment have continued to have their babies at home."

In Sydney we talked to Miss Elaine Sweetman, Director of Nursing at the Women's Hospital, Crown Street. The Crown Street birth centre is a modern three-bedroom unit with a comfortable

sitting-room, well-equipped kitchen and sunny veranda.

Miss Sweetman, immensely proud of Australia's first birth centre, believes that a labour ward and an operating theatre should always be handy for any birth, no matter how healthy the mother. "Frequently, when something goes wrong during

labour, it is unpredictable. It's good to have the back-up of the experts," she said. She just cannot see the sense of home births in the 1980s. "I think we're going backwards to be having home deliveries. Of course, hospitals have had a lot of criticism, but some of the recent publicity is outmoded. I think, perhaps, the criticism comes from people quoting their own experiences of eight or 10 or even 15 years ago."

Miss Sweetman doesn't think birth centres are imperative for every hospital, although more and more people are asking for them.

Even so, with sometimes a difficult labour in one ward and a relaxed and natural delivery in the one next door, Miss Sweetman hopes that she and her staff of 300 nurses and midwives have achieved a happy, home-like, friendly atmosphere for everybody.

Through attending the hospital regularly for classes and antenatal care patients are already on friendly terms with the staff when they are admitted.

While medical authorities would like to see all babies born in hospitals wherever possible, nobody can stop a woman having a baby at home if she insists.

"All our major hospitals have admitted patients in dire distress after starting labour in their homes," said Miss Sweetman. "Of course, sometimes this has been unavoidable, but in too many cases a home birth has achieved little except putting both the mother and the baby at risk."

She added, "It's idiotic to push aside all our new knowledge and try to cope at home. I wonder why some women imagine that if they come into hospital they'll have to fight for what they want. That's ridiculous. We're here to answer questions, to give advice, to give support, to do all we can to make birth a wonderful experience. It's our job to care for the community." W

— EILEEN ALDERTON, in Sydney

— CAROL VEITCH, in Melbourne

— KIM DOUGLAS, in Perth