

Questions asked about latest underwater birth

AK. STAR

2.8.52

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HOME DELIVERY EDITION

An underwater birth in a Castor Bay bathtub is being investigated by National Women's Hospital.

A report on the birth is being sent from National Women's to the North Shore medical officer of health, Dr C. E. Anderson.

The baby boy was delivered in the bathtub of a private home early on Friday to an 18-year-old Wellington woman. She had gone into labour and contacted the head of the Rainbow Dolphin Centre, Ms Estelle Myers.

The woman's mother said her daughter had become fired with enthusiasm for water births after meeting Ms Myers at a seminar in Wellington.

The baby was scheduled to be born under water at Wellington Hospital, but was overdue, and the young mother decided to come to Auckland to farewell a brother who was going overseas. Then she went into labour and was directed by Ms Myers to go to the Castor Bay address.

The woman's mother said there were up to six people in the tiny bathroom when the baby was born.

"But thank God I was there."

She said that every time her daughter was told to bear down she could not get herself into position to push and her head would go under the water.

After the birth, the mother said, her daughter was taken out of the bath and lay down on the bathroom floor where the midwife inserted about 15 stitches.

"The light was so poor that a torch had to be held close to where the midwife was working."

The woman said her daughter could not walk unaided after the birth. She went to sleep on a mattress. When she woke up her daughter looked "like something out of a 19th century novel when a woman bleeds to death after childbirth. She was white and her lips were a lead grey colour."

She said she took her daughter to a motel, from where she called North Shore Hospital, and was referred to National Women's Hospital.

A flying squad medical team from National Women's arrived at the motel about 1pm.

A hospital spokesman said the young

mother was pale but conscious when they arrived at the motel. She was dizzy when she tried to stand, and had a rapid pulse.

She was given an intravenous drip, two bottles of plasma and some ergot to make the uterus contract. Once at National Women's, she was found to be losing a little blood.

"We were unable to determine how much blood she lost at the birth. Because it was in the water, there was no way of knowing."

She was examined under anaesthetic, and products of conception were removed from the uterus, and some "quiet big" lacerations were stitched.

Since then the woman has continued to improve and is well, the spokesman said.

The woman's mother said today she had nothing against water births in general, but believed they should not be performed in uncontrolled conditions.

Estelle Myers could not be reached today for comment.

Questions about home birth

WELLINGTON, Today (PA).— The Health Department has questioned Australians Mrs Estelle Myers and midwife Mrs Isobel Smith about the circumstances of a bathtub birth in Auckland last week.

Mrs Myers started the underwater birth movement in New Zealand and runs the Rainbow Dolphin Centre in Tutukaka. Mrs Smith works at Dargaville Hospital and is also a domiciliary midwife in Northland.

Mrs Myers said department officers had been to inspect the Castor Bay house where the baby was born.

CALL FOR CARE AFTER BIRTH IN TUB

While women can have their children wherever they choose, a bathtub birth on the North Shore has prompted warnings of the need for commonsense and responsibility.

Commenting on the report of a young Wellington woman who gave birth in a bathtub at a private home in Castor Bay, a spokesman from National Women's Hospital said he would like to see a more responsible attitude, not just to underwater births, but to home births in general.

On the whole, however, people taking part in home

births seemed to have been responsible, he said.

An obstetric flying squad from the hospital was sent to the women after she gave birth in a bathtub.

The spokesman said the woman was in shock and required treatment.

When the squad arrived, no professional person was there to tell it what had happened.

A report on the birth has been sent to the North Shore medical officer of health, Dr C. E. Anderson.

The mother was later reported to be progressing well.

The president of the Auckland branch of the New Zealand Home Birth Association, Alison Jones, said the association had nothing to do with underwater births.

She said the association had stringent guidelines for home births and had a clear history of safety in New Zealand.

She said that, in the past six or seven years, there had been 1500 homebirths and six deaths.

An Auckland obstetrician and gynaecologist, Dr E. B. Nye, said the idea of babies being born without bright lighting made a lot of sense, but being born under water was a "lot of nonsense."

Prosecution likely after bath birth

A prosecution is expected to follow last week's birth-in-the-bath at a Castor Bay home and a question on the incident will be asked of the Minister of Health in Parliament tomorrow.

An 18-year-old Wellington woman gave birth in water to a boy last Friday morning. Afterwards, she was lifted on to the bathroom floor and a midwife treated her by torchlight.

The young mother was later taken to National Women's Hospital and after urgent treatment her condition improved.

A report on the birth has been sent to the Department of Health's director of

clinical services in Wellington, Dr J. S. Phillips, by the medical officer of health for the North Shore, Dr Cecil Anderson.

Dr Phillips has sent a memorandum to Mr Malcolm outlining regulations concerning midwives.

It is understood that questions have been raised whether the Castor Bay bathroom was within the authorised zone of the midwife who attended the birth.

Questions have also been asked whether any doctor agreed to accept responsibility for the young mother and her baby.

Home visit
to Dots

Home birth back-up

There is no reason why mothers cannot have the best of both worlds, having their baby at home with the back-up services of a hospital if necessary, according to an Auckland doctor.

Dr V. McGeorge has attended home births for the past 40 years.

He spoke on "Birthing Bonding and Mental Health" on Saturday at the New Zealand Home Birth Association's third annual conference, held in Dunedin at the weekend.

Dr McGeorge suggested centralised authorities could have teams for home births, including domiciliary midwives, obstetricians and gynaecologists.

He would also like to see birthing centres established, perhaps using a hospital ward suitably decorated to give a home-like atmosphere. The mother would be allowed to give birth in her own way and in her own time.

Birthing centres would be particularly useful for prospective mothers living in the country far from a hospital, Dr McGeorge said.

"In these days I don't think they should be having home births out in the country. It is really taking an unnecessary risk in case things go wrong," he said.

"I believe strongly in the mental health side of home births, but I believe we also have to look after the physical side as well."

Only about 10 percent of pregnant women would have to give birth in a hospital for medical reasons, such as hypertension, high-blood pressure, and diabetes, Dr McGeorge said.

Most women could have their babies at home if they wanted to, he said.

While he has found hospital staff co-operative, Dr McGeorge said he would like them to understand that giving birth is something of deep concern.

"My concern with hospital births is that the average woman feels going into hospital is a sick scene, rather than a healthy, well one."

"I feel this tends to have a delaying effect. The contractions turn into pain and it slows the process of labour," Dr McGeorge said.

Home birth group worried

The national conference of the New Zealand Home Birth Association expressed concern about its future when delegates met at the weekend.

Although the membership is steadily growing, opposition from the Department of Health could lead to the "slow death" of the association, according to the national secretary, Henriette Kemp.

She said the association is particularly concerned about the recommendations of the New Zealand Nurses Association, now being heard by the Maternity Services Committee.

They include the proposal that a domiciliary midwife must have two years' experience with the Health Department before being qualified to undertake home confinements.

The midwife would also work in a defined area and must not operate in any more than one hospital board area without special permission.

Mrs Kemp sees this as a move to phase out domiciliary midwives, and the conditions proposed would make it more difficult to become a midwife.

The Home Birth Association has decided to write to the Director of Health expressing concern. The association will also express concern to members of Parliament.

Officers elected were: National spokesman, Mrs Marilyn Walker, of Dunedin; treasurer, Mrs Helen Staples, of Wellington; secretary, Mrs Niki Conroy, of Dunedin; resource and lobbying co-ordinator, Mrs Henriette Kemp, of Wellington.

Times in favour of home birth

The deteriorating economic climate and cuts in health spending are working in favour of the home birth movement, according to Miss Joan Donley, an Auckland domiciliary midwife.

She spoke on "Opposition to Home Birth - Fact or Fiction" on Saturday at the New Zealand Home Birth Association conference, which was held in Dunedin over the weekend.

About 60 adults attended. Miss Donley said obstetric technology is expensive and there is an emphasis now on "cost effectiveness".

Those wanting home births have developed their own service. It is cost effective and saves the State vast sums of money, she said.

Home birth parents meet all the capital and service costs, such as the bed, water, power, linen, laundry, meals and home help - and this does not cost the over-burdened health services anything, Miss Donley said.

In comparison, it costs the State \$190 a day if a woman has a baby in hospital, not to mention the

capital cost of providing the bed, estimated in 1970 at \$50,000, she said.

The only cost the State bears for a homebirth is the wage paid to the domiciliary midwife which amounts to about \$150 for one antenatal visit, labour delivery, and 14 days of personalised post-partum care, as well as the cost of a doctor, Miss Donley said.

"As well as being cost effective, providing capital and service costs spells economic and political independence," she said.

"Speaking in trade union terms, the birthing couple are providing the operational and overhead costs. They also own the means of production."

"In addition they provide all the raw material, and the birthing woman certainly provides 100 percent of the 'labour' power. This really leaves the home birthers in a strong position," Miss Donley said.