

midweek for women with vanya hogg

● The controversy over whether babies should be born in hospitals or at home continues. On this page a doctor gives his reasons for hospital birth. And the Home Birth Association counters his arguments.

I put babies first, says doctor

by vanya hogg

"No marks for guessing what he'll say," said a woman to her companion as we waited outside the university lecture theatre.

Predictably, Professor Colin Mantell, of National Women's Hospital giving his inaugural lecture, "Where Should Babies Be Born," came out strongly in favour of hospital birth.

And not in cottage or small private hospitals, either. He said the system should be working towards providing birth in institutions where all the services necessary for the safe delivery of mother and baby can be assured.

His vehemence was surprising. Not so long ago he toyed with the idea of small maternity hospitals, "plugged into" large base hospitals, but has now discounted this idea because of the cost.

Pacing the carpet square round the lectern in his beautiful imported shoes, Dr Mantell looked every inch a successful professional man.

In contrast, his audience of about 100 were a mixed bag of students, pregnant women, grandmothers, lovers of the natural life, and be-suited men who share the same calling as the professor.

"I'm an advocate for babies rather than mothers... there can be no doubt that statistically labour and delivery are times of greatest risk to the baby," he began.

Generously adding to a prepared speech, he said there was no way of predicting how a labour would progress, before the event.

Because of this unpredictability it was essential that women in labour had access to

all the facilities that would ensure their babies had a good start in life.

"For most women birth marks the beginning of a new, exciting life — for others the beginning of a tragic realization that their son or daughter will never reach their potential and for four decades or more will be unteachable and unemployable.

"My case depends on the unpredictability of labour, the extreme cost, both financially and socially, of some of these unpredicted events and on the evidence that it is possible to reduce the rate of tragic reproductive casualties with the techniques currently available."

Watched approvingly by the doyen of National Women's, Professor Denis Bonham, he went on to use statistics from New Zealand and around the world to prove that hospital delivery is safer.

He said Holland, which has a home-based mid-wifery system and is always being quoted by home birth advocates, has fallen behind Sweden, where all deliveries are in hospital.

He gave an example of one of his own patients, a "fit, fastidious, inquiring, concerned mother looking forward to labour and delivery."

"Labour began spontaneously, at term. The baby's heart rate was monitored, as usual

"But the nature of the pains changed and the baby began to die. The baby across the road would have died.

"With urgent resuscitation an immediate Caesarean section produced a startled but otherwise normal infant."

He stressed the need for urgent help, especially for babies with breathing and circulation problems.

"It is more important for this immediate expert help to be available for the first five to ten minutes than for the next 30 years of life," he said.

"We should beware of the rose-tinted nostalgic view of hypothetical societies, young, robust and strong, glorying in the experience of delivering painlessly, simply, safely — for most is simply not true."

He said some patients had turned their back on hospital delivery criticizing the impersonal atmosphere, rigid rules, the lack of contact with their babies and the medical interference during delivery.

"Hospitals have responded to the need for 'nicer' practices," he countered. "The change and concessions made by hospitals in the past five years has been great."

But he feels there is room for improvement. He thinks short stay should be encouraged with home help and follow up medical services.

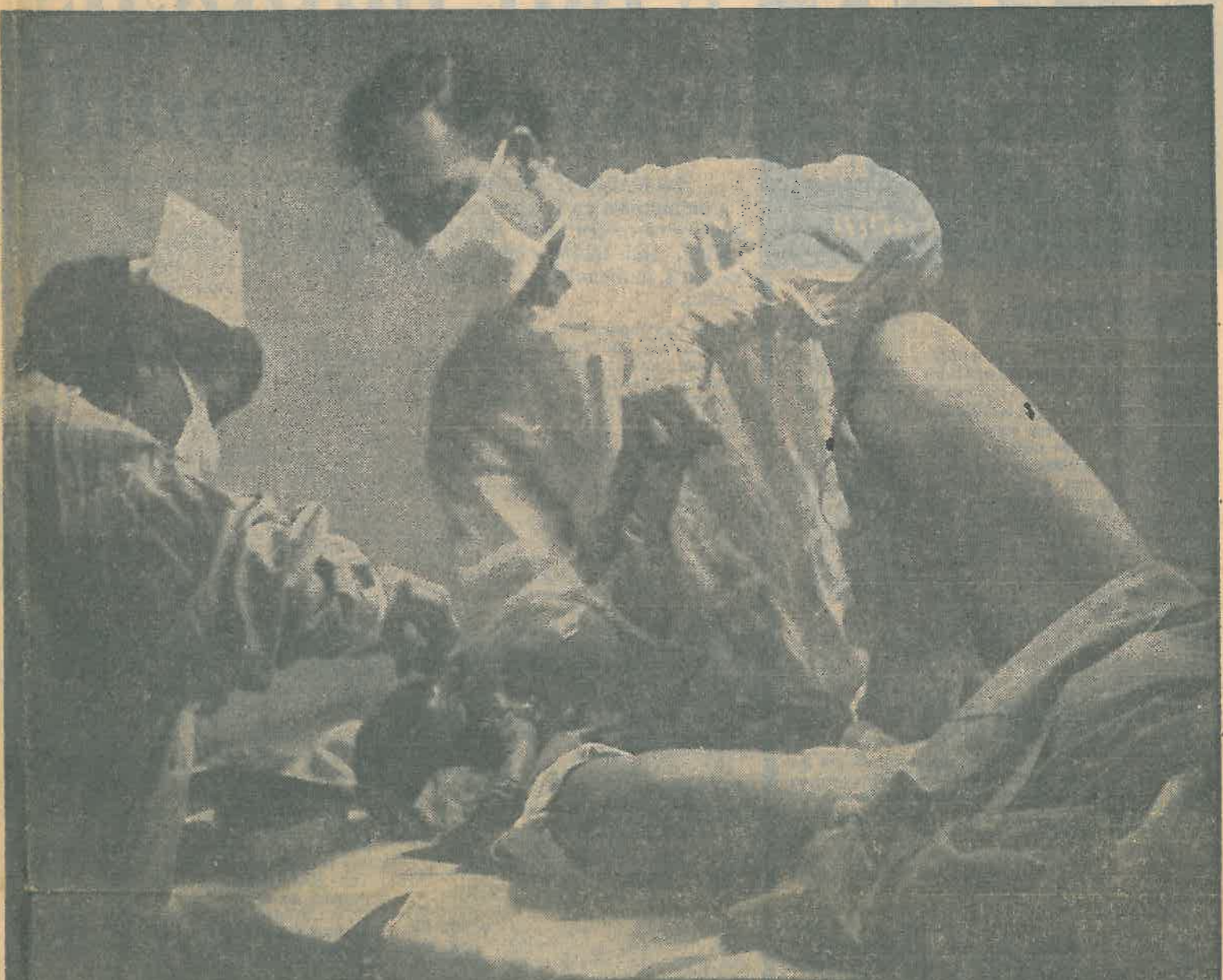
Midwives could attend the birth with their patients, acting as the "patient's advocate in the hospital environment."

He says women should insist on having birth the way they want it, taking their case to the head of the hospital if staff are intractable.

He accepts the criticism that patients are often ill-informed and suggests that 10% of hospital budgets should be diverted to patient education.

He said the hospital atmosphere should be home-like and provide the best possible facilities for women who want to give birth in hospitals.

"I will not accept that to be born well is a luxury."



Big money to make hospitals safer

● Birth is much safer now than at any other time in history, and this is because more mothers than ever before are having their babies in hospital.

Birth in hospital in New Zealand is still much less safe today than it was in Holland 13 years ago, when two-thirds of Dutch

The hospital babies had more birth injuries, more infections, required more resuscitations and had more breathing problems 12 hours after birth than did the home birth babies.

We should also consider the emotional bond between mother and child. Studies have shown that

selves than with the health of their babies.

If the evidence suggests, as it does, that, for those women who choose supervised home birth, it is as safe, if not safer than hospital birth, why should women not be concerned with their own welfare as well as their babies?

had these women had their children at home.

Many studies have shown that the emotional state of the mother influences the ease of delivery and the health of the baby.

Dr Dana Breen, in one study of 50 mothers, found that the women who are

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Dr Mehl's studies suggest it is because of the hospital's attitude towards birth that these facilities are necessary.

years, have attended 218 births. Of these 67 were first babies, 24 were transferred to hospital during labour and three after the birth of the baby. No babies have died from the deliveries of these midwives, although the peri-natal mortality figures for New Zealand would have led us

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● Birth is much safer now than at any other time in history, and this is because more mothers than ever before are having their babies in hospital.

Birth in hospital in New Zealand is still much less safe today than it was in Holland 13 years ago, when two-thirds of Dutch mothers had their children at home. Yes, birth is getting safer in hospital, but it should be — they are spending millions of dollars on making hospital births safer, although no money at all is spent on making home births safer.

But there are other reasons why birth is safer now that have nothing to do with hospitals. The birth rate is dropping and more babies are wanted babies. Mothers are taking better care of themselves and seeking more information about pregnancy and labour and, consequently, are having healthier babies.

● Hospital births lead to babies with a greater potential.

Dr Lewis Mehl, an American doctor, compared over 1000 home births with over 1000 hospital births and showed that hospital babies were born in more distressed conditions than home babies.

The hospital babies had more birth injuries, more infections, required more resuscitations and had more breathing problems 12 hours after birth than did the home birth babies.

We should also consider the emotional bond between mother and child. Studies have shown that interference with this bond can disturb the baby's development, and there can be no doubt that a hospital birth leads to much more interference.

● Home birth mothers are more concerned with them-

selves than with the health of their babies.

If the evidence suggests, as it does, that, for those women who choose supervised home birth, it is as safe, if not safer than hospital birth, why should women not be concerned with their own welfare as well as their baby's?

Dr Mehl's research showed women in hospitals were having inductions, episiotomies, lacerations, anaesthetic, analgesics, forceps deliveries and caesarean sections that simply would not have occurred had these women had their children at home.



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The inventor of the foetal monitor, when asked if monitors were needed for all births, replied that the money would be much better spent on trying to improve the diets of pregnant women.

The point made here is that the enormous sums of money spent on special facilities are spent trying to make an unhealthy birth environment a healthy one.

● Birth is not a normal physiological process.

This is the cornerstone of the hospital's argument — birth is unhealthy. What Dr Mehl and his colleagues have suggested is that the hospital environment alters the way people attending delivery view the birth, so that what, in fact, is normal is viewed as unhealthy.

● Home birth is not safe in Auckland.

To June 1978, the two domiciliary midwives who have been delivering babies during the past two

years, have attended 218 births. Of these 67 were first babies, 24 were transferred to hospital during labour and three after the birth of the baby. No babies have died from the deliveries of these midwives, although the peri-natal mortality figures for New Zealand would have led us to expect two or three deaths. Only 22 mothers required sedation.

In Auckland today, 38 doctors are involved in home deliveries, and the number is growing. One of these doctors, who has delivered over 1000 babies at homes, has said: "That there are advantages in home birth is undoubted. But just as we accept certain risks in driving our car from home to work, so we accept certain risks in delivering a baby at home.

"The real nub and hinge of the whole matter, is what level of risk are we prepared to accept to enjoy the advantages."

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