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Revised

The New Zealand Home Birth Association

The New Zealand Home Birth Association,
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Affiliated with NATIONAL ASSOCIATION for PARENTS and
PROFESSIONALS for SAFE ALTERNATIVE CHILDBIRTH, U.S.A.

Letters to the Editor,
The Courier.

19 April 1982

Dear Sir,

Your article on the Howick Obstetric hospital was interesting. Dr Balme's comments, "Many do not like big hospitals, and there would be a possibility of more home births. If this sort of thing happens, it is going to be a step backwards", are typical of supporters of base or local hospitals. They are not concerned to promote options for parents but to stifle alternative places for birth by unsubstantiated criticism or rumour.

The New Zealand Home Birth Association would like to see as many birth options as possible open to women (birthing centers, base hospitals, local hospitals and of course birth at home for those who choose it and are acceptable on medical criteria.) Lets not be mistaken. Women are choosing birth at home in preference to base or local hospital and with the falling birth rate this is having a significant effect on obstetric services. The number of women seeking home births is not reflected in the number actually lucky enough to arrange a booking with a domiciliary midwife. Each day the midwives turn away women because they are unable to cope with the demand.

The reason why more midwives are not working in the domiciliary area is quite obvious. They are paid by the Health Department on a case load basis of \$145 (one ante natal visit, delivery and 14 post natal visits), which ensures that they receive about $\frac{1}{3}$ to $\frac{1}{2}$ of what their peers in hospital earn.

Dr Balme may not like home birth but 48 of his Auckland G.P. colleagues are supporters and with a growing number of women who want to be in control of their own bodies and their own babies, consider that a 'step backwards' away from the technological interference that is so commonplace in modern obstetrics, is something much to be desired.

Our statistics show that of women giving birth at home only 5% require sedation and only 5% require episiotomies. Hospital figures, given unofficially (they are not published) suggest that 85% of women receive narcotic pain relief and that over 40% of women receive episiotomies.

In February this year the English Sunday Times reported the uproar that has arisen from the policy instituted at the Royal Free Hospital in Hampstead by Professor Craft. "Until recently, some mothers who wished to have their babies without drugs or anaesthetics, and with as little interference as possible from hospital staff, were permitted to do so by the hospital. But the ruling opinion at the Royal Free, as at many other hospitals in Britain, is that natural childbirth is less safe and less convenient than so-called 'high technology' childbirth, where the woman gives birth lying on her back, often wired up to electronic monitoring equipment, and anaesthetised to varying degrees." Professor Craft stated that HE was not prepared to use natural methods until they were proved as safe as those currently in use!

It seems incredible doesn't it. But the situation in New Zealand has the ingredients for similar development. The birth rate is falling. (Wards at national women's and Waitakerie have been closed). Small hospitals are under threat or have already been closed and not only from financial motives but also from criticisms of safety. Home birth is becoming more popular as women become more assertive, look at alternatives and want to escape 'active management' and routine interference. Teaching hospitals need patients. The manufacturers of relevant technology push their products in the name of safety and profit. The medical technocrats use what they learn. No one asks women what they want for themselves and their babies.

women who choose home birth know what they want and it usually includes: mobility during first stage labour; the presence of family and friends; the use of alternative pain relief such as baths, massage or acupuncture etc; a gentle natural birth with midwife and doctor in attendance (the former providing constant care and support and actually delivering the baby while the latter attends in ~~the~~ a watching capacity); the baby to be placed on the mother's chest and the cord cut only when it stops pulsating; the baby to be purely breast fed and to be allowed to suckle as long as it likes and to stay with the mother.

Sounds idealistic, unsafe or a 'step backwards' ?

Barbara Maffione
Secretary N.J.H.B.A.