

The New Zealand Home Birth Association

The New Zealand Home Birth Association,
P.O. Box 7093, Wellesley St., Auckland, 1.

Affiliated with NATIONAL ASSOCIATION for PARENTS and
PROFESSIONALS for SAFE ALTERNATIVE CHILDBIRTH, U.S.A.

Mr R. Prebble,
Member of Parliament,
Parliament Buildings,
WELLINGTON.

16th March 1982

Dear Mr Prebble,

The committee was very pleased to receive your letter showing interest and concern about the continuation of the home birth option in New Zealand. We have had some contact with the women members of parliament and we understand that they are all fully supportive of home birth. Helen Clarke in particular has received quite a lot of information from midwife Joan Donley, who is living in Helen Clarke's electorate. I enclose some xeroxed material which will give you background information.

Home birth has always been part of New Zealand's obstetric system. Largely because of the predominantly British and Dutch migrant population. For example, my own and my husband's families have all been born at home back to the dark ages! The current attack on home birth from obstetricians, hospital staff and now Health Dept. results in part from the falling birth rate we now have. This has led to the closure of certain public hospital obstetric wards, for example, at Waitakerie and at National Women's Base hospitals require patients for teaching purposes (and this in itself is unobjectionable) but potentially normal labours and births can turn into technological and surgical nightmares. Birth is after all a normal physiological process and only in about 10% of cases, the majority of which can be predicted with good antenatal care and continuous ^{midwife} monitoring during labour, does any sort of problem arise.

It has never been our Association's intent to push women into home birth; merely to ensure that domiciliary midwives get some support, that the option is publicised and researched etc. We have been forced into criticising hospital practice because they have come

out so heavily, and one might say unethically, in opposition to home birth. There are 48 Auckland G.P.'s who support home births. Presumably they are not all madmen or trendy faddists.

It seems at first glance that the opponents are over reacting given the relatively small number of home births each year. But there are only seven domiciliary midwives in Auckland and the demand for home birth far exceeds their capacity. They are literally turning women away each day. Many women want a home birth because their hospital birth was unsatisfactory. Women are having fewer babies these days and with a growing awareness of their rights and desirable birth practice want each birth to be the best it can.

It is true that hospitals are modifying attitudes and even trying to incorporate home-like aspects into delivery wards etc. But the situation still is that 85% of women giving birth in hospital require sedation while only 5% giving birth at home require sedation. While we have no official hospital statistics (we are unable to get these) it seems to be the same for things such as induction, episiotomy, use of other drugs, breast feeding success etc.

The media, the majority of male members of parliament, the male dominated obstetric profession and hospital personnel always underestimate the importance to women of pregnancy, birth and child care. The Association seems to have attracted the enmity of so many in these groups because it articulates women's concerns. Our newsletter deals with foreign and local research into obstetrics among more chatty things such as personal birth experiences etc. It is unfortunately at the moment mainly a middle class birth option. However we have had a lot of success with Island and Maori women in the South Auckland area who were unaware that it was possible legally to have babies at home. For many of these women the stress and language problems associated with hospital birth far outweighs any risk of birth at home. The paucity of midwives is a problem. The demand is there but because of the low fee paid by the government to the midwives on a case load basis, we find it hard to attract all but a dedicated few into this area.

We feel that our statistics are good. Of the 1,000 babies born at home (planned home births with midwife and/or doctor present) since 1974 there have been only two deaths. One of these babies had a congenital abnormality (anencephaly) which precludes life and the other

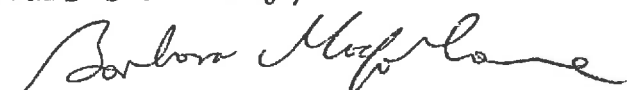
case was one in which the foetal heart stopped suddenly in early labour. Since we reached the 1,000 figure there has been one more death in North Auckland as a result of meconium aspiration. I have not heard that the doctor present or the midwife was held to be at all responsible. The perinatal mortality figure for hospital births is about 14-16 per thousand. Of course they deal with high risk cases too.

The minister, Mr Malcom, has stressed the importance of community care and cost cutting. Home birth achieves both these objects with no negative features. The cost, for example of a hospital bed is something like \$1,000 per week. A home birth costs the government about \$300. There is no risk of cross infection, all women successfully breast feed (with tuition from the midwives for the fourteen days after birth), there is no breaking up of families with the sibling rivalry that this can cause, personal choice in diet etc remains the same and there is none of the stress that usually accompanies hospital birth which commonly causes post natal depression, demand for sedation etc.

We advocate responsible planned home birth. We run a series of four ante natal classes for intending parents, based on a geographic basis, which deal with nutrition (women who smoke will not be delivered at home), natural birth, breast feeding, fathers role, contraception etc. Women are also encouraged to read widely and to visit their G.P. for regular ante natal checks. No one can have a home birth unless their G.P. is in agreement, as by law a G.P. must cover each midwife for each birth.

The Board of Health Maternity Services Committee is soon to complete its report on domiciliary births. From a draft copy which we have seen they seem to have followed the much criticised Short Report (U.K.) on domiciliary and maternity care. The Short Report, as only one example, never distinguishes between planned births at home and those precipitate or unattended births that occur outside of hospitals. Critics of home birth in N.Z. have on occasion done the same! We would very much appreciate it if you would keep a watching brief and make any comments which you feel appropriate. Any other information you would like we will be happy to send to you.

Yours sincerely,



Barbara Macfarlane, LL.B.

Secretary.