

20073-27-111

NELSON HOMEBIRTH P.O. BOX 59. NELSON.
2.2.85

National Newsletter Collective,
P.O. BOX 7093 Wellesley St.
Auckland..

Dear Brenda,

Thanks for another 'ripper' issue.

Please find enclosed a cheque for \$ 9.60. This is for the six copies of Dec. news-
-letter (at 80c each = \$ 4.80) and advance payment for the March issue (assuming
they are still 80c).

Also enclosed is a wee article of mind that I trust you will consider for publica-
-tion.

We are very keen to promote the National conference that we are hosting through
the National newsletter and would like to know what is the deadline for copy for
the March issue?

Finally, it is our wish that the thorny question of 'Incorporation' will soon be
resolved in advance of the conference. I suspect the outcome may encourage your
participation.

Yours sincerely,
Nigel .

MORE ON COT DEATH.

Brenda

I was very interested to read ~~Barbara~~ Hinton's article in the Sept. newsletter on the subject of cot death and it's possible relation to potentially harmful practices in childbirth. She wondered if faulty breathing patterns may relate to premature clamping of the umbilical cord.

Another highly questionable practice in my view is the use of the narcotics Peth-
-idine and Morphine. These respiration depressing drugs can be administered to the
-labouring woman several hours before the baby is born. The drugs traverse the placen-
-tal barrier. Once born the baby is quickly given an antagonist (Naloxone) to neutr-
-alize the narcotic's effect. Thus, it is entirely conceivable that if these drugs
are hazardous it would not necessarily be apparent or register on the Apgar score.

A comparison with Sweden is instructive. There, with a midwife orientated peri-
-natal system, they enjoy the lowest neonatal (birth to one month) and post neonatal
(one month to twelve month) mortality rates in the world. Great emphasis is placed
on antenatal education, particularly teaching women psychoprophylaxis (raising the
pain threshold with breathing and relaxation techniques). Consequently, according to
information provided by the Swedish National Board of Health and Welfare, narcotics
are not used in childbirth.

This, of course proves nothing but it is damned suspicious.

According to Dr. Ian Hassall, Deputy Medical Director of the Plunket Society -
"some investigators in recent years have found differences in the blood vessels of the
lungs and brain which suggest that some cot death victims may have had unnoticed epi-
-sodes of low blood oxygen earlier in their lives." The most likely time for a baby
to suffer anoxia is, of course, during birth.

When I made enquiries to the Health Dept. their response was dismissive. "Cot death
occurs several months later (after the birth) and there is no suggestion of any conn-
-ection between cot deaths and analgesics."

"There is no suggestion" I strongly suspect because it has yet to be fully invest-
-igated. Surely there is enough opportunity for anoxia in 'interventionist' childbirth
to warrant the closest scrutiny?

Bearing this in mind it is my belief that the Homebirth Movement should make a
formal submission to the Health Dept. urging that the obstetric history of cot death
babies be the subject of a very comprehensive study. Perhaps a statistically signif-
-icant number of cot death cases could be compared to randomly selected 'normal' bab-
-ies of a similar birth weight or gestational age. Such a study should be relatively
inexpensive and easy to effect. It would simply be a matter of collating information
available on hospital files.

This issue really lies outside the scope of Homebirth. But in the absence of any other 'stroppey' public pressure group it may never be fully aired without a bit of arm-twisting. The cot death support people are fully embroiled in the area of emotional support and the wholesale acquisition of monitors. On the other hand, the medical authorities are understandably reluctant to turn the spot-light on themselves.

It may well be that these fears are groundless. Unless we 'take up cudgels' we may never know.

NIGEL H. COSTLEY. (NELSON).