

# The muddleheaded closing of maternity homes

GEORGE GAIR really thought he was on to a home run against the St Helens Action Group.

The new obstetrics and gynaecology block at Wellington Hospital, he told the deputation, will be as good as the National Women's Hospital in Auckland.

The women burst out laughing. What the Minister of Health did not realise, says Caroline Rennie of the action group, is that National Women's is a laughing stock with women. Our medical and political decision-makers have dedicated themselves to the British system of

production-line ante-natal clinics where babies are delivered by the doctor on duty and discharged in 48 hours. Professor Green of National Women's has con-

firmed that they are working towards 48-hour hospital stays for women who have had normal deliveries.

Here it has been a half-baked move, for we have none of the ancillary services Britain has developed for the returning mother. We have decided here that all mothers should have access to the technological crisis machinery that only 10 percent ever need. We have turned our backs on our own pioneering obstetric care standards and the move in America and elsewhere back to the single-room facilities of the St Helens type of maternity home.

The Minister is committed to closing St Helens. It is Government policy to close maternity homes, 12 of which have been permanently closed since December, 1975. Currently under threat are Cromwell, Carterton, Waiouru and Waverley's Abbotsford, while Hunterville and Featherston have survived the descending axe because of strong local opposition.

## Imposed

In a nutshell, middleaged men are imposing their system on young women, against the expressed wishes of young, middleaged and old women. The imposed system is not in the best economic or social interests of the country.

In March, 1977, I spoke to women about St Helens at the time it first came under public threat of closure. Women liked being able to choose their own method of delivery, having their own room, having automatic entry for doctor and family, having their baby with them all the time.

How does the new O & G block compare?

I spoke to a midwife and mothers who have had babies at St Helens and have looked at the new O & G.

The new block, said the midwife, is out of date!

You're kidding?

Not at all. It was designed by a middleaged man back in the early seventies and goes completely against today's approach. Women either have to labour and share with three other women in 36 cases, or be cooped up in one of those 27 battery hen cages, with no window, no room for husbands to be present — unless they are suspended from the ceiling.

This was also what the mothers liked least. One asked her professorial guide why there were four-bed wards. He said he had an "impression" women preferred four-bed wards — for the company. She told him she did not.

She also told him she did not like those huge nurseries on the next floor, where husbands could only come and press their noses against the glass. She did not like not being able to have her baby with her at night, like at St Helens. She thought it all very old-fashioned.

What most amazed both mothers and the midwife was the contrast between the professional suites and single rooms for doctors upstairs, and the basement rooms for women. Upstairs was wall-to-wall carpet and luxury hotel fittings, while the women down below had what one thought of as a maximum security prison, without natural light and a minimum of space.

I wouldn't want 20 hours of labour in one of those, one mother said.

The midwife might have been expected to be upset that closing St Helens would mean the end of the only midwife training centre in the country. She has never mentioned it. What did distress her most was that the new O & G was obsessed with machinery. If the machinery was there, she felt sure it would be used. Doctors, she had observed, were getting more and more keen on fetal monitoring, at a time when in the States it was being increasingly questioned. The blips could be misread and a caesarean or forceps birth rushed without necessity.

Fetal monitoring tended to set going an entire cycle of unnatural birth. In order to conduct internal fetal monitoring, which involves fitting an electrode to the baby's skull, the membrane must be ruptured. This is normally only necessary if the baby is overdue.

## Drugged

Rupturing the membrane means the mother is put on drip feed. This necessitates pethidine use. The drugged mother has less control of contractions. This increases the likelihood of forceps delivery. Such delivery means the baby must be incubated.

O & G offers medics full control of the entire birth process. Mother may come out wondering what on earth has happened.

There are also the dangers of fetal monitoring causing infections in mothers and hemorrhages and abscesses in babies, and the controversy over the effect of forceps delivery in later delinquent children.

What annoyed her was that doubts she had expressed were brushed aside by doctors as those of a silly girl.

If there was a move to 48-hour stays, where was the back-up services Britain had

— the visiting district nurses, the automatic paternity leave, the nappy washing services?

## Stitches

I don't fancy going home after 48 hours with a bottom full of stitches, said one mother. My last kid was born with thrush in the mouth and needed constant attention. I wouldn't want to be home having to run the family again as well as the new baby, with the danger of hemorrhaging from the stitches.

She couldn't understand all this talk about O & G being safer. Nobody had died at St Helens. Screening usually got the complicated cases before birth. In any case, an ambulance the half mile from St Helens didn't strike her as much different from the endless corridors of the new block. Why not leave St Helens for the vast majority of uncomplicated births in ideal conditions, and have the new O & G for the problems. Ward 11 was the one that had to be closed, not St Helens.

Another area the women noted of marked contrast to the poky little maternity rooms were the huge operating theatres, clearly optimum teaching conditions, designed by doctors for doctors.

The women were not impressed with the new O & G block. It represents a reversal of the days when New Zealand led the world in the social aspects of obstetric care. By 1938 we were the first country in the Commonwealth to allow every woman to choose her own hospital, her own doctor, an anesthetist and 14 days in hospital at government expense.

These advances were spearheaded, you will not be surprised to learn, by a woman, Dr Doris Gordon (her son was previous Minister of Labour, though that is not intended as a pun).

## Recuperation

One of the first things to be whittled down was the 14 days rest and recuperation for the new mums (we treat our soldier boys much better, right?)

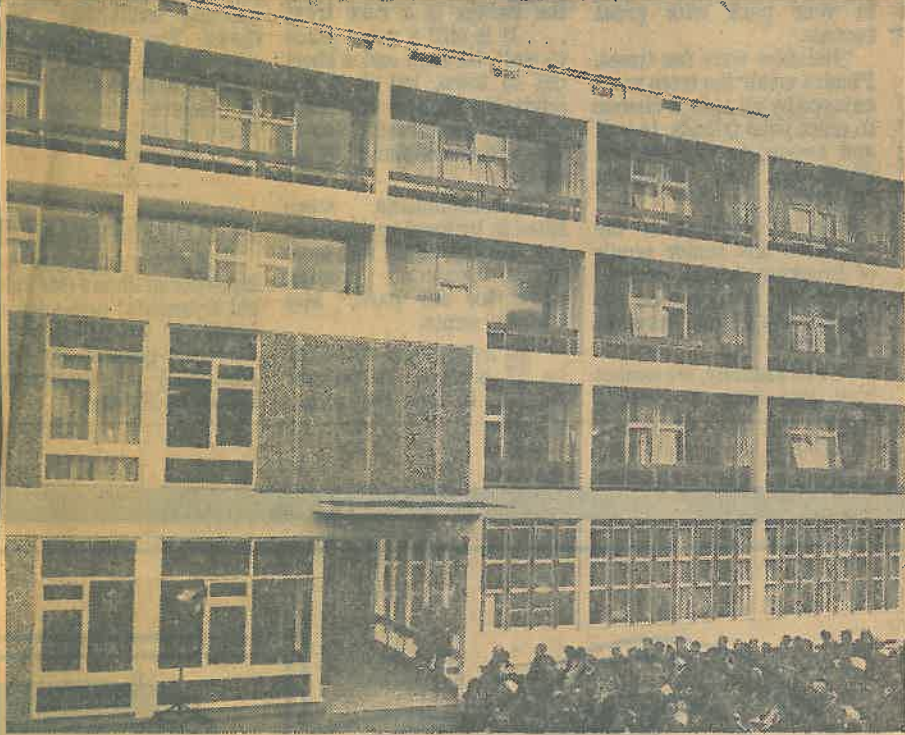
Other "privileges" have also gone, but suddenly there has been this giant technological leap forward for the doctor-kind, with women looking increasingly like guinea pigs in lab conditions. At National Women's they are examined by any doctor on duty and may never before have seen the doctor who does the delivery. One woman there had to lie quietly while teams of students tried to find the heartbeat of the baby that was dead inside her.

You begin to see why those women laughed at George Gair.

George is getting rid of St Helens, though what we do if the birth rate continues to rise, goodness knows. We will have thrown out the bathwater for at least 66 babies, and a considerably cheaper system too than the much bigger affair of the O & G (St Helens costs \$775 per birth compared to Keneperu's \$968).

The politicians listened to the doctors. They should now listen to the consumer side of having babies.

David McGill is a "Post" columnist.



St Helens maternity home (above) was designed by women for women. The new obstetrics and gynaecology block was designed by doctors for doctors. The politicians have listened to the doctors, but not the women who have babies, in closing St Helens. The Government is dedicated to closing maternity homes, but with signs of a rising birth rate, the politicians may be making as little economic as emotional sense in putting their money into technologically over-developed base maternity hospitals that do please doctors but do not make for happy mums and bouncing babies.

