

Writers defend home births

'Hospital is still safest place to have baby'

Ms Carole Wall's *Obstetrics dream is fading* (Midweek, Sept. 5) could hardly be a greater advocate for home confinement. Home birth supporters would agree with her wholeheartedly that the obstetric dream in hospital is a nightmare.

Ms Wall harkens back to Dr Doris Gordon but like Truby King and the present system, her plans were not perfect. They were all different stages of the same pendulum swing.

Where is Ms Wall going to get these paragon obstetricians and joyful caring staff? What is home-like to one will not appeal to another and she fails to remember many people enjoy National Women's care — just look in the birth notices with their thanks to this one and that.

To look askant at the Home (Birth) Association is ignorance because until it is experienced one cannot really compare any of the systems. But I know from joyous home confinements and having been a nurse which I prefer.

There is only one drawback to home confinements — a home help scheme is not available. But many husbands can obtain paternity leave and mothers and family are often only too glad to help.

A mother after a home delivery is much more capable of carrying on because there has been no break from other members of the family and older siblings know exactly what has been going on. They do not suffer from Mum being wafted away to the magical realms of hospital to mysteriously produce a rival.

Two week's rest in hospital may sound grand but has Ms Wall not heard of the many women who want to get home as soon as they can to get a rest? Hospital routine is hardly ever a rest cure.

Has she thought of the cost to the country for the service she wants? It would be astronomical and the caring staff would have to be trebled. The hospital would have to do more than put lights out at 8.30 p.m. to pay the staff alone, and I imagine the family would have to bring in the food as well as the toilet paper.

If one wants luxury treatment one must pay for it because the taxpayer should not be expected to pay for more than the necessities, at any

rate until we have a luxurious standard of living for everyone.

Complaints about nursing staff and doctors have always been present. But nurses and doctors could also reveal some surprising comments about the attitudes of patients.

Patients can be extremely unjust and miserable, especially when there is not much wrong with them. Treatment in the Mater may have been wonderful, possibly because the nuns are supposedly dedicated and it is part of their duty to turn the other cheek, but nurses are human and do not pretend to be ministering angels.

Mostly they are doing the best they can and often a few words of praise or even thanks would go a long way. We cannot set nurses and

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doctors as people apart; they are simply doing a job and, I suggest, doing it better than most.

If Ms Wall wants a truly caring doctor and nurse, she should try a home confinement because no nurse would be in the group unless she were dedicated.

Her salary is small, less than \$100 per patient. For this you receive a visit from her before the confinement, continual presence for the whole of labour — no shift changes every eight hours.

She cares for you and the child for the first few hours after birth and visits every day to supervise and help with care and breast feeding.

Furthermore, if any emergency happens she is on call for two weeks.

She is your friend and, like the rest of us, you will love her. The doctor will come at any hour and though he seldom even helps at the delivery he will be in the room relaxed, chatting and friendly but alert for any sign of trouble, providing sedation if necessary.

Brilliant work has been done at National Women's. No one disputes the value of this but the patient requiring such care is not going to be planning a home confinement!

All types of maternity services should be available: Private hospitals

with personal pampering care if you can pay for the extra services; public maternity hospitals for those who wish adequate care and attention and have a "blind eye."

But I will fight to the end that any woman who wishes to have her child at home should be given this privilege too.

The hospital boards should be encouraging home confinement, because it is the least expensive system and after all, most decisions are made from the economic viewpoint.

A home help scheme would not be arduous work — just light laundry preparing cuppas, lunch and dinner, watching preschoolers and generally keeping the household going.

It's just friendly assistance. Having done this for two cases I found it very satisfying.

BRUAG

South Auckland

I would like to debate several issues raised by Carol Wall's article. "Production line style antenatal clinics"; early discharge without continuing home support services; women as "treatment material"; lack of continuity of care in antenatal, delivery and post-natal services; geographic distance between patients and hospital; increasing restriction of choice for women of hospital and medical supervisor ... all these are of great concern to many obstetric consumers.

It is, however, naive to insist that hospitals offer an "individual and humane service." For hospitals to be economic they must be large. And large institutions and individual service are incompatible. They can of course aim for a humane service. But the large number of staff involved with each patient make its realization unlikely.

I think a woman has to make a choice between a high technology birth, with a maximum chance of mother and baby surviving the event physically, or a birth environment with moderate resources (cottage hospital or home birth), and a greater chance of psychological benefit.

There is a certain paradox in a high technology birth as regards medical safety. The stress of a strange environment and unusual medical procedures affect the physical functioning of a mother so that in some cases technology needs to be applied which in a cottage hospital or home birth would not occur.

Home births are part of the obstetric system and involve a minimum of intervention when labour is progressing normally. The midwives did not leap straight from the dark ages. They receive the same training as their colleagues in hospital.

It is sophisticated technology that home births lack and this is by no means unsafe. Technology is only beneficial when applied in appropriate circumstances. Where there is a possibility of human error, or application of techniques that are not in fact necessary, modern technology can be dangerous.

When obstetricians talk of "risks," they usually mean physical survival of mother and baby in birth and neonatal period. Women, on the other hand, are often concerned with wider and more long-term criteria.

The risks of failure to breast feed, mental health of the mother, make large base hospitals places of high risk.

Home births not only avoid these risks but provide a family circle and friends with a peak life experience that cements relationships and is totally unique.

M. Adams

Torbay

By RACHEL VEALE

Some maternity homes are not providing an ideal service and some domiciliary midwives are not subject to enough control, according to the New Zealand Nurses' Association.

In view of the growing demand for home deliveries, the nurses' national executive is concerned about protecting mother and child by giving them the best possible care.

The association, which says home deliveries are not always safe, prefers that all babies be delivered in situations where all facilities are available.

However, the association says, improvements also need to be made in some hospitals and maternity wards.

National executive member Miss Penelope Dunkley says babies are at risk because some maternity hospitals do not have 24-hour laboratories, x-ray or medical services.

This means babies have to be

transferred to other hospitals when emergencies arise, perhaps worsening the condition.

But hospital is still the safest place to have a baby, says Miss Dunkley, in spite of the growing trend to home deliveries.

She says home facilities are not adequate to ensure the safety of mothers and babies.

"If the baby has difficulty breathing at birth, or if the mother starts to haemorrhage, these complications can't be dealt with at home."

National executive members want to see domiciliary midwives come under the control of an obstetrician. And they say domiciliary midwives need continuing education to keep them up to date with new methods and knowledge.

The executive members, who say the association has a responsibility to ensure a high standard of nursing in the community, will approach the New Zealand Medical Association to discuss the matter.