

● More chapters in the continuing Home birth v Hospital birth controversy ...

On murder charge

SAN LUIS OBISPO (California).— In a red-brick courthouse about 25km from the ocean, the police and district attorney here are making it their business to determine once and for all whether Amy Elizabeth Gannage was murdered by a midwife or, as her parents put it, was "called home to God."

Amy Gannage was pronounced dead in a San Francisco hospital five days after her birth. She was born in the bedroom of her parents' home, attended by a midwife, Marianne Doshi (31). The baby's father, who watched, said a knot had formed in the umbilical cord. The coroner said asphyxiation was the cause of death.

For the deeply Christian Robert and Christine Gannage, the death of their third child was an act of the Lord, awful but inevitable. For county medical and legal officials watching the nationwide "natural-birth" movement with increasing dismay, Amy's death was a senseless waste that they insist would never have happened if the baby had been born in a hospital.

They had anticipated just such a case. A month after Amy's death, police arrested Marianne Doshi at her San Luis Obispo home and charged her with murder.

With that arrest, the Gannage family's private tragedy was transformed — very much against their wishes — into what appears to be the first legal action of its kind against a midwife.

California, like many other States, allows midwives to deliver babies only if the midwives are registered nurses, have been certified by the American College of Nurse-Midwives, and are operating under the supervision of a physician.

Doshi is none of these. She is a lay midwife, unlicensed by the State, and State law says it is a misdemeanour — practising medicine without a

licence — for a lay midwife to deliver babies.

As Doshi called it a witch hunt, as medical officials called it a potential lifesaver long overdue, as the bewildered parents fought off mounting anger at lawyers and reporters who would not let them alone with their grief, the case around Amy Gannage raised the terrible questions.

Where does the State's responsibility to protect life begin? Do parents have the right to let faith guide their choice of birth procedure? Is there a separate right — the right of the new-born baby — that supersedes that of the woman who carries the child?

The American College of Obstetricians and Gynaecologists says babies born at home are at least twice as likely to die as babies born in hospitals.

Lay-midwife groups and their supporters say their studies show statistically that home births — widely accepted in some countries, such as Holland, with infant mortality rates lower than that of the United States — can be safer than hospital deliveries if the pregnancies are monitored for possible complications.

"A parent has every right" to favour home birth, county health director Dr Howard Mitchell said. "It's all very well for the parent to have a nice, warm, friendly delivery. But who's looking after the child?"

Obstetricians can often detect umbilical knots at the onset of labour, by monitoring the infant's heartbeat, and then sometimes use a Caesarean section or quick-forceps delivery to save the baby's life. "It's a correctable problem," Dr Mitchell insisted. "It's not God's will."

Marianne Doshi's only comment about the case has been a prepared statement delivered shortly after her arrest. "My arrest is not solely aimed at me, but is an attempt to intimidate parents who might choose to deliver their children at home," it read.

Khail and Faith Ann, the Gannages' two other children, were born in a hospital. The Gannages are not particularly hostile to doc-

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tors (Mrs Gannage saw an obstetrician three times during this last pregnancy), but like most parents who have chosen some alternative to the hospital, they were soured by the delivery-room atmosphere.

Mrs Gannage remembered small indignities, the things that made it frightening for her — the way they took the babies away, the test on Khail's foot that left a scar on his heel, the nurse who got impatient at Mrs Gannage's questions and snapped: "Oh, be quiet. You'll be all right."

So they decided to have their third child at home. They met Marianne Doshi through a natural-child-birth class she was teaching, and Mr Gannage said her apparent experience and knowledge impressed them. He said he had no idea unlicensed midwifery was illegal.

Mrs Gannage went into labour the morning of June 3. Amy was born an hour later, with the knot in her umbilical cord apparently tight enough to cut off her blood and air supply. She was pale, Mr Gannage said, and was not breathing. Doshi administered mouth-to-mouth resuscitation while he called for paramedics.

The paramedics were able to induce a heartbeat, and the baby was rushed to hospital.

But Amy was pronounced dead on June 8 without ever having breathed on her own. — Los Angeles Times service.

Birth can be a toddle

Allowing women to walk around in the first stage of labour accelerates birth and reduces the women's need for pain-killing drugs, a British study shows.

Women in the study wore a radiotelemetry device which transmitted to a control centre a continuous record of their contractions and their babies' heart rates.

They could roam up to 200 metres without interrupting the recording.

The study, at the Queen Elizabeth Medical Centre, Birmingham, is reported in the British Medical Journal.

The 34 women were monitored by inserting a pressure catheter through the neck of the womb to measure contractions and by applying an electrode to the baby's head to check its heart rate. Both instruments were connected to the radiotelemetry device.

The women were nursed in bed during the second and third stages of labour.

The report says that a control group of 24 women who remained in bed during early labour more often required drugs to augment their labour.

The heart rate monitoring also showed that the babies of the women who walked about were in better condition before and after birth.

The authors of the report comment that some women are rebelling against the concept of the modern maternity hospital with its complex machinery.

"The fault may lie with us, the hospital staff," they say. "For normal labours, and these are in the majority, we should attempt to make our delivery rooms look less like operating theatres and more like lounges ..."

● The medical superintendent of the National Women's Hospital, Mr Peter Jackson, would not comment to Midweek on this topic. The nurse in charge at Waitakere Obstetric Hospital, Miss Helen Walker, who says her staff pride themselves on achieving a relaxed, homely atmosphere, said: "Any of our mothers who are able to get up and about are encouraged to walk around during the first stage of pregnancy. Childbirth is a natural thing, they are not sick."