

# Home births data

I would like to issue a challenge to the New Zealand Nurses' Association and Ms P. Dunkley to give readers of *Midweek* the evidence for her statement that "hospital is still the safest place to have a baby" (*Midweek*, Sept 19). This appears to be at best an unsupported prejudice.

Recently on Radio Pacific Dr Faris made the statement that at National Women's Hospital the perinatal mortality rate is 16-18 babies per one thousand live births. The four domiciliary midwives in practice in Auckland since 1974 have now delivered over 400 babies with a nil perinatal mortality rate.

Because of Health Department and hospital board secrecy we are unable to carry out the sort of research that would show the reality of hospital versus home birth outcomes.

Research carried out by Dr Lewis Mehl and Dr Leavitt of the University of Wisconsin does just this. They set up a research project comparing 1046 hospital births with 1046 home births.

The women were carefully matched on a large number of factors, including risk factors. They found that for healthy women there is "no documentable statistical bene-

fit in choosing a hospital — regardless of how modernly equipped, expertly staffed, or expensive," (*International Childbirth Education Association News*, 15.4.77).

Their study showed a three times greater likelihood of caesarean section if a woman gave birth in hospital instead of at home, with the hospital standing by as a back-up when clearly indicated for medical reasons.

The data from their hospital population revealed 20 times more forceps, twice as much use of oxytocin to accelerate or induce labour, far greater use of analgesia and anaesthesia, nine times greater incidence of surgical cutting of the mother's birth canal while at the same time having more severe tears in need of major repair, six times more infant distress in labour, five times more cases of maternal high blood pressure, three times greater incidence of postpartum haemorrhage, four times more infection among the newborn, three times more babies who needed help to initiate breathing at birth and who needed help with breathing difficulties in the early days of life.

The hospital sample had 30 cases of birth injuries, including skull

fractures, facial nerve palsies, brachial nerve injuries and severe cephalohematomas. There were no such injuries at home.

The perinatal mortality rate was low in both cases and essentially the same. There were no maternal deaths in either.

Dr Mehl concluded his presentation at the annual meeting of the Public Health Association in 1976 by stating: "Home birth is a safe alternative for selected women. And as for hospitals, there are some aspects of current hospital practice that may make birth more dangerous for some women and infants than if they had remained at home."

"It would seem important to identify the specific aspects of the hospital environment which increase risk to mothers and infants and eliminate these aspects of hospital births."

Perhaps the NZ Nurses' Association and Ms Dunkley would like to comment and give us their evidence for unsupported assertion.

Barbara Macfarlane, secretary, Home Birth Association

● Ms Dunkley was contacted at National Women's Hospital, but had no comment to make on the letter.

## 'Real needs' overlooked

A debate on home versus hospital births is unfortunate in that some real needs are overlooked.

Mothers should have a choice, but this must be based on information on her own condition and needs, and, also the rights of the unborn child, who has the right to be born with any possibly needed emergency help and equipment at hand and with the best possible qualified care.

To choose a home birth just because of the philosophy of the parents without giving consideration to these responsibilities would be wrong.

The answer for most mothers is easily available home aid help, offering a range of skills from simple nursing to household help only.

We need a unified system of home aids, with a rise in their status, pay and training. Mothers then could choose a hospital birth if they wished with an early return home but without the burden of family care, and hopefully, decision-making.

Home aid employment would be of great assistance to the many women with skill and experience who are looking for part-time employment, close to home. Their help in baby-care and breast-feeding, and reassurance, based on basic training, would be just what most young mothers want.

To provide sufficient home aids for this service means dialogue be-

tween the hospital boards and the Health and Social Welfare Departments. Everyone agrees on its desirability but mothers' pressure must be the catalyst for action.

I, too, regret the closing of the small maternity homes but the reason for those privately owned and by hospital boards was that the same, highly trained staff is wasted when idle. The only birth place on the North Shore rarely rises above 50-60% occupancy.

The Maternity Patients' Bill of Rights, promoted by Feminists for Life and approved by many women's groups and midwives, has helped but it must be stressed, as the Bill does, that with rights go responsibilities.

Some mothers are still indifferent to the need for motherhood preparation. Much damage and defects may be avoided if control of smoking and drug, including alcohol, intake is accepted. The small, sometimes only-child family environment must make for lack of confidence, experience and knowledge of just what being a parent means.

The phrase applied to mothers in hospital as "teaching material" was unfortunate and insulting, but the question must be asked, how can doctors and midwives learn, where else can they learn?

Yet we must see the need to prepare for the future and see that future mothers will have available enough qualified doctors and nurses for obstetric care.

The solution lies in informed consent, and when granted, to be done with respect and with consideration for the dignity and feelings of the mother. Indeed, I am certain that under these circumstances the question of consent could be put to mothers in private beds also.

So there's some answers, a unified, expanded home aid service, more information, more consideration and a balance with responsibility of the rights of the unborn child, the parents, the professionals and the community.

Connie Purdue, Northcote.

### look

The Auckland branch of the Working Women's Council, a group for women who work in and outside the home, is holding its annual meeting in the Trades Hall on October 27. It is hoped to show the film *Babies and Banners*, part of the *Seeing Red* anthology of women's films which toured the country earlier this year. The film looks at the women who supported a strike at the Ford Motor Corporation in Detroit in the early 20s. Agenda includes the recent successful seminar on the Working Women's Charter, and the possibility, with trade union financial support, of holding a second seminar before the end of the year.