

Midwife: "A woman should have the privilege of choosing the kind of birth she wants where she wants it."

Obstetrician: "Every baby has the right to be born in an environment where immediate expert help is available."

Argument rages over home birth revival

By SIGRID KIRK

"Having a baby in hospital is a bit like getting on a plane and trusting the pilot. Having a baby at home is like going out in a sailing boat of which you are the captain."

Shelia Kitzinger's humorous analogy, as contained in her book *Birth at Home*, is the philosophy behind the serious issue of home versus hospital births.

It reflects the attitude held by an increasing number of New Zealand women — those responsible for the revival of the home birth movement.

The increase in home births is surprising. It comes when opposition from obstetricians and gynaecologists has never been higher and when the pay for midwives has, in real terms, never been lower.

Auckland has eight domiciliary midwives (those who do home births) compared with only two in 1974. The most senior of them, Joan Donley, says the 400% increase is due simply to job satisfaction and dedication.

It certainly isn't due to any monetary benefits. A recent pay increase brought the average annual wage for domiciliary midwives up to \$7000 — a fraction of what their hospital counterparts get. The midwives are paid \$4.25 for each ante-natal visit, \$7.25 for a post-natal visit and \$36 for attendance during labour.

"That," says Ms Donley, "stays the same even if you are there 24 hours."

They must also pay for their own equipment (\$600 to \$1000) and receive no paid holidays, penal rates or sickness benefits.

With hospitals like Eastern Bays, Bethany and Mater now closed, the midwives find their workload has increased to the point where they are turning away as many cases as they accept.

The only obstetrician who did home births in Auckland was forced to pull out because, says Ms Donley, he faced so much pressure from his colleagues.

"I have done as many as 10 deliveries a month," she says "and that's far too many for me to give good, competent care. There have been times when I've done as many as 10 deliveries in four days, in some cases three in 24 hours."

But in spite of her hectic routine, Ms Donley has no intention of swapping her life for that of a hospital midwife. She says there is no comparison between a natural birth at home and a birth in the sterile, cold surroundings of hospital.

She and her colleagues maintain that a lot of midwives have reached the point where "they just can't handle what's going on in hospital" — the high technology, routine and unnecessary interference "which, in a normal birth, can put the baby at risk."

She says: "The difference between a home birth and a hospital birth is amazing. When a woman has her baby at home she's entirely in control; we're the guests in her house. Labour is a delicate process and emotional responses are important. If a woman is in her own home and in control of the situation, she is relaxed and that makes for a far more gentle labour."

"In a hospital, the woman is in foreign territory, there are a lot of rules, regulations and schedules to keep and the woman is always being told what to do. That makes for tension and stress, and stress of any kind always leads to problems in labour."

"At home the mother gets to be with her newborn baby for a prolonged period; the baby can suckle immediately. In hospital, it's just whisked away from her. She's lucky if she gets half an hour."

But the critics condemn home birth as being dangerous; they say hospital-technology and sophistication, no matter how uncomfortable for some, is



Mrs Karin Williken with daughters Amy (two weeks) and Kristy (3), both born at home.

essential to ensure the safety of the patient and her baby should any complications arise.

Home birth advocates reply that patients are carefully screened before being accepted by the midwife. Smokers and diabetics, for example, are not accepted and midwives will not take on any woman whose past obstetric history indicates that problems might arise during birth, or whose pelvic opening is an awkward size.

Those who are accepted as home birth mothers are expected to maintain a healthy diet and get a lot of exercise. Ms Donley, who has delivered two of her grandchildren, says constant checks throughout the woman's pregnancy are aimed at ensuring the labour will be normal and safe.

"In a normal labour, nothing can go wrong," she says. "I don't think everybody should have their babies at home but I do think a woman should have the privilege of choosing the kind of birth she wants where she wants it."

"A lot of women don't know they can have their babies at home. Some who do know will go to their doctor with the idea and he will tell them home births are illegal, that she or her baby will die and that the mother will suffer haemorrhaging."

"I think a doctor is entitled to his opinion, but I think he is being

unethical when he tries to put these fears into the mother's head because they are just not true, and they are fears which can affect the woman during pregnancy."

But prominent Auckland obstetrician Dr Bruce Faris says women should know about the possible dangers in home birth.

"Although in the vast majority of cases all will go well, complications can arise which just can't be anticipated," he says.

"Every baby has the right to be born in an environment where immediate expert help is available; where expert resuscitation and anaesthetic services are available and where caesarean sections can be done in a few minutes."

Midwives, he says, are not trained or equipped to handle emergencies or complicated obstetric procedures, and the emergency transfer of a woman in labour to a hospital only serves to increase the risk to mother and baby.

Dr Faris rejects claims of unnecessary interference by hospital doctors. "Such cases are rare. The induction of labour, forcep deliveries and caesarean sections are always carried out for the ultimate welfare of the baby and/or mother. No drugs are ever given to the mother unless she wants them for pain relief."

Although there have been few deaths associated with home births, Dr Faris says the number of "dangerous"

transfers between home and hospital has increased dramatically in the past few years.

He says obstetricians would be keen to see alternative birth centres — catering for women wanting natural, non-hospital births — based at hospitals.

"If any complications arose it would be just a matter of wheeling the woman down the corridor to the hospital where the problem could be expertly dealt with."

Dr Faris says the number of home births around the world is steadily dropping. He attributes their popularity in New Zealand to the fact that they have only recently been developed properly. Consequently many people have yet to discover the drawbacks.

Dr Ron Grieve, a North Shore GP, once held similar views to Dr Faris. That was until he was "converted" four years ago.

"I became involved in home births rather unwillingly and I was sceptical," he says. "Now the excellent condition in which the home birth baby is born never ceases to amaze me. He is far more vigorous than the hospital baby because he isn't sloshed with pethadine (a pain-relieving drug) which can cause breathing problems."

"I also feel there is great importance in having skin-to-skin contact between mother and child immediately after the baby is born and before the cord is cut. To see the way the baby behaves is an eye-opener for someone accustomed to hospital births."

In spite of opposition from many of his colleagues, Dr Grieve remains adamant that home birth is just as safe as hospital birth. Midwives are highly trained and motivated, patients carefully screened and a doctor is legally obligated to be present in case anything goes wrong — something which happens in only about 6% of cases.

In addition, he says, the midwife is with the patient throughout labour and can pick up any trouble relatively early, so transfers are not a major problem.

Dr Grieve believes the reason for the increase in home births is because women want to become more involved in "the fulfilling and enriching experience" of having a baby.

"It seems evident that hospitals are failing to cater for many women. A large number of those who request home births do so because they have had a bad experience with a hospital."

One such person is Mrs Paula Proud, a registered nurse who had her first baby in hospital seven years ago. Eighteen months ago she had her second child at home.

"I had the feeling that you go to hospital when you are sick, not when you are healthy. For some reason everybody seems to equate the labouring woman with sickness," she says.

"Hospital is the place to go only if you have problems with your pregnancy. If you have none, I honestly think hospitals can create them for you."

Hospitals, she says, are not geared to handle "normal" births and obstetricians often offer unwarranted interference. "In the face of a normal birth, they find it hard to keep their hands behind their backs."

Mrs Proud also objected to the hospital's rigid feeding times, the clinical atmosphere, the often unnecessary use of drugs and the brief periods the mother is allowed to spend with her baby. The hospital routine, she says, only serves to inhibit the bond between mother and child.

For her, the highlight of home birth was family involvement and the personal attention given by the midwife.

"The nursing care a midwife can offer is unrivalled by anything the hospital can hope to give with all its routine and shiftwork. Hospitals are essential — but only if you're sick."