

'PRODUCTION LINE' HOSPITAL OR HOME BIRTHS?

TELEVISION programmes have a field day with home births.

by Sue Green

Frantic husbands boil water while sluttish midwives rip up sheets to a background of anguished screams for the mother-to-be.

It's not really like that, there's no argument about that. But is it safe? Is home delivery a joyful, relaxed experience away from the hospital "production line"? Or is it a potential risk to the life of both mother and baby?

Argued

That is the question being argued at the moment by advocates of home birth, particularly the Wellington Home Birth Association and those who say it should not be encouraged, the Nurses' Association, for instance.

The argument has heated up with the introduction of a controversial new system of midwifery training. Also,

with St Helen's Hospital due to close next year, the Home Birth Association is expecting a big move to home births when that "soft option" is removed.

At present there is only one domiciliary midwife in Wellington doing home deliveries. From next year there will be another working in the Hutt Valley and the two will be running private antenatal home birth classes in natural childbirth.

The Wellington Home Birth Association was set up in May this year. It has 35 family memberships, most of whom have planned a home birth.

Focused

Its attention is focused on the domiciliary midwife, Lyn McLean.

Lyn has attended 40 home birth labours — six of those were transferred to hospital, none for emergencies. She pays a lengthy prenatal visit to the family, does the delivery and visits the mother every day for two weeks, for such things as weighing and help with breast feeding.

Women who have had a child at home say it was the most wonderful experience of their lives. They felt relaxed, in control and their family could take a full part.

Anne Turner says she felt totally relaxed and sat in her lounge most of the time. There were no drugs.

"It was a perfect birth. There was nothing about it I would criticise and my husband feels the same."

Many of the association's members had their first baby in hospital. They had their second at home to get away from what they saw as a production line, with husbands not encouraged to take part, staff interfering and giving conflicting advice.

Non-evasive

Lyn says, "The main advantage is to be able to take control of the environment. It is non-evasive, there is no enema and shave, no shifting from the labour room, no masks and gowns and everybody is more involved in a personal way."

But are there risks?

Lyn says the important thing is the antenatal screening to weed out anyone likely to have problems and who would not be suited to a home birth.

Antenatal care is the doctor's responsibility but she wants the midwife to be more involved in it and she wants the Government to pay for the midwife to do more antenatal visits.

She says it is safe. Her suturing rate is low, the infection rate is lower than in hospitals and she has necessary equipment such as oxygen if required.

The medical profession is

less keen. When Lyn started, she knew of only one doctor in Wellington who would let her patients have a home birth. Now there are about 18.

But the Medical Association, although it does not have a formal policy on the subject, prefers that women give birth in a hospital.

Association secretary Roger Caudwell says it is "for the very simple reason that if anything should go wrong, the facilities are there to cope with an emergency. At home not much can be done."

The Nurses' Association takes a similar line, saying that although it does not actually discourage home birth, it sees the needs of the mother and baby in New Zealand at present as being best catered for in the hospital situation.

The association's deputy executive director, Marion Blackburn, says delivering a baby at home is a lovely experience, she's done it in England herself. But the New Zealand set-up is not geared to it at present.

There needs to be additional training, adequate support services and more than the present tenuous

In the past, the midwifery course was almost "the thing to do." This year there are only five students at the polytechnic course. But the Nurses' Association believes this will lead to those who are genuinely interested and wanting to be midwives doing the course, not hundreds who never practise.

The midwifery option will be offered at Wellington Polytechnic again next year as part of the Advanced Diploma in Nursing.

Indications are that student numbers will be about the same as this year. There are also no plans for the students to go out with Lyn to a home delivery. They go out with the Hospital Board's midwife who does antenatal and postnatal visits only.

Scathing

Lyn McLean is scathing about the new programme which she sees as part of the Americanisation of nursing practice here. She says the courses will turn out good doctors' assistants and obstetrics technicians, but not midwives.

The extra theory will be valuable but the reduced

be a rare breed indeed," predicted Cathy Hodge in this month's issue.

Rewards

Despite a drop in annual income of about \$8000 and problems such as medical opposition and profession isolation, Lyn McLean says her job has its own many rewards.

She foresees a need for more domiciliary midwives next year when St Helen's closes. She says that plus the world-wide trend towards home births resulting partly from the expansion of the women's movement, means the need will increase.

Whether this is the case remains to be seen. But it seems unlikely New Zealand's midwifery training will be geared towards any such need.

The Nurses' Association admits the move to home birth may reflect some lack in maternity services. But it says it is not as simple as that — the women's movement plays a part. Women are more assertive. They may have wanted this for years but are only saying so now.

Critics of Wellington's maternity services say the



Home births versus hospital births, the question currently being argued by advocates on both sides.

connection with the Health Department.

Training is part of the problem. Midwives have been trained in hospitals — a training geared to hospital deliveries.

Until last year, the training was done by registered obstetric and general nurses in a six-month hospital course. One was offered at St Helen's in Wellington.

But from this year the training has been moved to technical institutes, part of a general move of nursing training in New Zealand out of the hospital arena.

Marion Blackburn admits there were problems with the first one-year course, offered this year at Wellington Polytechnic. But she thinks it might give more chance for the students to go into homes with domiciliary midwives.

clinical experience means New Zealand midwifery training is getting worse.

She would prefer something like the English system — three years' training with vast clinical experience, training as a midwife "and respected as such".

Although the training is inadequate she says, midwives with plenty of hospital experience such as she had could cope, although they would have to unlearn some of what they had been taught.

Letters to the Nurses' Association journal have been pessimistic about the new course, particularly the lack of clinical experience.

"Then how are the midwives of the future going to feel confident enough to practise with so much less practical experience? In five years' time, midwives will

range of options is closing for local women.

Marion Blackburn says, "It behoves the hospitals to try to adapt their services more to the needs of the consumer." But are they?

The medical profession dismisses home birth as a dangerous risk. But what is being done to make it safer?

There is little evidence that the new midwifery training will go anywhere towards reducing any risks there may be, or that the home birth movement is being studied with any seriousness for clues as to why women are "opting out" of maternity services, and what lacks in service and ways to improve them it reveals.

Sue Green is health reporter for the "Post".