

# Home birth case

WITH regard to comments made by the visiting British Professor Beard and our own Professor Bonham that parents choosing to birth at home are playing "Russian roulette" with the lives of their babies (February 12), I wish to point out that it is because informed, responsible parents wish to avoid risks to their babies that many choose to birth at home, with the help of their midwife and doctor.

While hospital obstetric procedures can save babies who are unhealthy or abnormal, many doctors and parents are convinced that those same practices are a danger to normal, healthy babies.

We who choose the home birth option are grateful for the back-up services available in the larger metropolitan areas of New Zealand. It is unfortunate that some medical personal at large maternity hospitals feel so threatened by the excellent and increasingly popular home birth facilities that they resort to hysterical and illogical comments such as those published in your article.

The fact is that neither Britain nor New Zealand has a very good record of minimizing deaths to infants born in hospitals at or shortly after birth. Other countries do much better, for a variety of reasons. By contrast, the low incidence of babies dying in a home birth situation is an embarrassment to the hospital obstetricians.

One wonders whether the increase in empty maternity beds in

this country and the consequent drop in grants to maternity hospitals, together with the chance that hospital obstetricians will be needed less as this trend continues, has contributed to those hospital doctors' defensiveness.

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choice concerning home birth a prospective mother should be aware of these factors.

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## Babies at home

IT is surprising that Professor Bonham should resort to such loose and unscientific propaganda as "a home birth baby who developed jaundice ran the risk of brain damage."

Uninformed women might be frightened off a home birth by such scare tactics. In the interests of objectivity I feel that Professor Bonham should have differentiated between neonatal jaundice and the mild, transient, fairly common jaundice that occurs on the third or fourth day after birth and requires no treatment. I also feel that he should have pointed out the contributing causes of jaundice, such as drugs given to the mother in labour, the vitamin K injection given routinely to the baby at birth, and the use of syntocinon induction of labour. Furthermore, the highest incidence of neonatal jaundice occurs in premature infants (which we do not deliver at home); and in high technology hospitals approximately one-third of prematurity is iatrogenic (doctor induced).

In order to make an informed