

Nurses plead for home birth choice

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Medical opposition to home birth and a shortage of domiciliary midwives are depriving women of the choice of having their babies delivered at home, the Nurses Society of New Zealand says.

The society says women who want a home delivery now have little opportunity of this and it wants services provided to ensure they have the choice.

In submissions to the Board of Health, the society says women are deprived of the choice because of the relatively small number of domiciliary midwives available for home births and medical opposition to home births in some quarters.

The submissions have been made to the board's Maternity Services Committee, which is now enquiring into community obstetric services.

Suggestions from the society on home birth include provision of obstetric flying squads, boosting the number of domiciliary midwives and a more co-operative attitude from obstetricians.

It says the average woman, with an uncomplicated pregnancy, can be easily and reasonably safely delivered at home and unless there are specific medical or social contra-indications the option should be available to them.

The society says the main reason for the shortage of midwives to do domiciliary work and home deliveries is partly related to remuneration. "All midwives providing

home birth services are in private practice. To increase the number of nurses in this area, a marked increase in the benefits paid by the Department of Health is essential."

Another possibility suggested by the society is for hospital boards to operate extramural nursing services and engage domiciliary midwives.

"This would also overcome problems of lack of job security and difficulties associated with professional isolation."

CO-OPERATION

It also says a more co-operative attitude on the part of obstetricians is vital if increased numbers of patients are to be delivered at home. "Present medical opposition to home births makes domiciliary and home births difficult."

"The provision of obstetric flying squads and similar services are desirable in all areas if increased numbers are to be given the option of home birth."

Also among the society's submissions are suggestions to develop alternative facilities to the conventional maternity hospital setting, retain small cottage type obstetric hospitals, foster and expand early discharge from obstetric hospitals and make obstetric hospitals more attractive and acceptable to patients.

The society is also concerned with trends toward centralising obstetric hospital services.

"Policies aimed at ensuring that all deliveries are undertaken in specialist obstetric units and large units

associated with a base general hospital are opposed.

"Progress in obstetrics does not need to mean recourse to larger specialist units. There is little justification in having all deliveries being undertaken in large specialist units and the like."

Small obstetric hospitals are seen by the society as providing a valuable service and it says the trend toward wholesale closure of these small units should be curbed.

It says the closures of large numbers of small maternity hospitals over the last decade are viewed with concern. These units have many attractions and historically have provided a satisfactory service with experienced well qualified staff.

SATELLITES

The society suggested instead of closing small cottage hospitals they could be used as satellites of large base units.

On hospital obstetric services the society says medical technology should not unnecessarily intrude into obstetric care.

"Steps should be taken to ensure this and measures adopted towards making the obstetric hospital environment more personal, with more attention to meeting individual needs and ensuring the patient has greater control over her management."

Early discharge, followed up by care at home, is suggested by the society as a good alternative to traditional obstetric management.