

# Some birth points missed

Sir. — A recent article entitled "Risks still too high for home births" by V.J. Hartfield, made and missed some interesting points.

It quite accurately described the sector of the population which is definitely unsuitable for home birth, but omitted to point out that high-risk, ill-prepared, smoking, drinking, badly-nourished or unsuitable solo mums are the very last people to approach him wanting to assume responsibility for their births, particularly at home.

Today's prospective home birth couples are very different to our grandmothers, many of whom had to have their babies at home. They were not informed, nor were they physically, nutritionally or emotionally prepared. The general standard of living and sanitation was poor; families were large.

The introduction of the hospital birth was a move towards making birth safer for both the mother and child, and it was a successful move. Maternal and perinatal deaths were greatly reduced.

However, in giving over two or three generations of birth to doctors instead of midwives, most women have lost confidence in their ability to give birth with minimal assistance. Quite frequently, this degeneration of confidence led many mothers into a dependence on caffeine, nicotine, alcohol and drugs, all of which undermined health, intellect and the ability to assume responsibility.

At the same time, we enjoy today vastly improved standards of living, sanitation,

social services, medical care and general education. We also have a new wealth of knowledge available to both the professional and the consumer.

Today's home birthers are informed as never before. Threats to our health and our children's well-being are keenly felt, and avoided. Their nutritional, physical and emotional preparation for birth often begins long before conception. Reflecting their concern, mothers desiring home birth willingly present themselves for thorough medical screening to determine their suitability.

Among the statistics now available on home deliveries (from areas of the Western world where home birth by choice is being documented, as opposed to remove areas where primitive customs and backyard births present irrelevant statistics), stillbirths due to incompetence have not occurred. Mr Hartfield's statements tend to make one feel that if a deformed or handicapped babe is born at hospital, it is no-one's fault, but if a baby is born at home with a club foot it is the parents fault!

Many paediatricians have become supporters of gentle, non-interfered with births. The effects of traumatic labour and birth are reflected in the baby's ability to thrive and the mother's ability to cope — both problems for the paediatrician. Seldom is the obstetrician ever made aware of the consequences of his delivery methods.

There is an interesting difference between home birth supporters and home

birth critics. Supporters are quite familiar with the medical aspects of birth, as informed consumers, nurses or midwives. They are fully conversant with the medical package, the experience one can expect, the potential risks and the probable advantages.

On the other hand, the professional critic of home birth has often never attended one and may even have little experience with a normal birth, as the majority of hospital births are not "normal".

When a procedure is repeated often enough to become routine, it also becomes falsely classified as normal. But any birth involving total confinement to bed, intravenous fluids, artificial rupture of the membranes, anaesthetic, episiotomy and pushing while flat on one's back, not to mention the use of forceps, is definitely not normal.

It would seem that the medical profession is hoping that, by ignoring home birthers for long enough, they will go away. Our observations from North America strongly suggest they will not. Before long, the doctors will appear to be the irresponsible party by their refusal to support a growing public need.

However, it is encouraging to see how many young, and not-so-young, doctors in both the UK and the US are responding to the changing times and working closely with midwives; supporting the growth of birth centres and assisting in the removal of any legislative blocks that deny suitable parents a much-needed service. — INGRID JOHNSON.