

As economics hit home births

More women seek a natural birth process

By MARION HAINES

More Aucklanders are wanting to have their babies at home but are being forced to go to hospital because of a shortage of midwives.

Health Department regulations say a mother has the right to have her baby at home as long as a domiciliary midwife and general practitioner are present.

But the system of paying those midwives for each birth and postnatal care (\$141.50), instead of a form of salary, means they can earn only \$6000 to \$8000 a year.

A spokesperson for the Auckland Home Birth Association, Dr Deryn Cooper, says harsh economic reality has already forced six of Auckland's nine home-birth midwives to give up. Last year they delivered more than 300 babies at home and had to turn down many requests.

Home-birthers are angry that obstetricians and a male-dominated Government have taken a "do nothing" attitude which is effectively blocking the right to home birth.

But they have taken heart from the support for women MPs. Labour member for Mt Albert Ms Helen Clark will speak in Aotea Square following a rally up Queen Street on Friday, October 29. This is part of the programme for Home Birth Week, which begins this Saturday.

It is easy to forget that birth is a perfectly natural function.

A home birth is family centred. Brenda Clarke of Howick recalls the joy of her family gathered round their new-born baby and compared her children's reaction of delight to a Christmas morning. "It was almost like having a party... I wish I had the whole thing on video."

She was animated as she spoke about having her baby at home. Her third child and second home birth was the 1000th baby born at home since the forming of the association in 1978.

Like many women who are shying away from being force-fed high-technology practices for a normal, natural process, Mrs Clarke made it her business to find out what was happening to her body during the birth process.

Because she was well-informed she was confident she would not be threatening her baby's health if she declined to go to hospital. She did not want to lie on her back and be strapped to a foetal heart monitor. She was confident that the midwife's hand on her stomach could monitor her contractions just as well.

She recalled the birth of her first child in hospital. Confined to a narrow bed, "I lay there for eight hours. It was boring. I got cramp."

At home — "It was lovely. It was a beautiful day. My husband was mowing the lawns. I moved around a lot. I read I found contractions were so much nicer standing up."

Mrs Clarke admits that though it "scared me a little" being in hospital she was not distressed by her first hospital birth. And there are definitely cases where they are needed, she says.

Screened

Mothers who want to have their babies at home are carefully screened to avoid accepting any risk. They are asked not to smoke, to avoid alcohol and to take special care of their diet. Natural, unprocessed foods are recommended.

Dr Cooper claims that improvement in infant health is due to general economic improvements rather than the hospital system.

Professor Denis Bonham, head of the Post-graduate School of Obstetrics and Gynaecology at National



Mrs Brenda Clarke with sons Allen (left) and David...
"the joy of sharing a home birth with all the family."

Women's Hospital in Auckland, defends the technological procedures.

Among the 5000 babies delivered there each year are all the high-risk babies and emergencies, he says.

Home-birthers assert that because large institutions such as National Women's are set up to cope with abnormal births and emergencies they tend to treat birth in general as an illness rather than a natural function. A domiciliary midwife made the distinction between hospital and home as "being delivered" or "giving birth."

Professor Colin Mantell, in charge of undergraduate education at National Women's, asks where all the doctors and midwives get their training unless patients are willing to come to institutions for practical demonstrations of teaching.

But home-birthers feel these add to the indignity and stress of birth.

Brenda Clarke had to win over her general practitioner to the idea of home birth. He was cautious, though full of praise for the midwife after the birth. ("You made it look so easy.")

Sue Cotton, of Beachlands, was not as fortunate as Mrs Clarke. Not only did she live much further away from a base hospital, but her parents were "petrified" at the thought of a home birth. The odds were against her.

Mrs Cotton recalls: "I was promised I wouldn't be drugged, and both times I was. They assume the mother doesn't know."

Hospital staff gave her an injection which she was not keen to have, and told her the doctor would "look in in

the morning." She had her baby at 2am.

This kind of incident bears out what home-birthers say — that some hospitals would like mothers to give birth "at their convenience." Both Mrs Cotton's and Mrs Clarke's "institution" babies were born in small hospitals.

Professor Mantell suggests that small hospitals on the whole are more rigid than National Women's.

Safety

Dr Richard Fisher, specialist obstetrician and gynaecologist at National Women's objects to the idea that births are arranged at the hospital's convenience. "We're on duty 24 hours a day. It makes no difference to us."

He does not agree that mothers are subtly persuaded to use more drugs than necessary. Anything done is solely for the safety of the baby, their greatest concern, he says.

Domiciliary midwives pride themselves on assisting natural birth without swift recourse to instruments, unnecessary episiotomies (cutting to prevent tearing), forceps deliveries or epidurals (spinal injection numbing from the waist down).

Sue Cotton speaks of the vulnerable feeling of a mother entering a strange hospital environment. "Once you're a patient you do tend to go weak at the knees and fit into the system." She recalls her anxiety at

hearing her baby cry in the nursery and being told the staff wanted him left alone.

Coming home, she was not used to his sleeping pattern and had a bad start with an upset baby.

Both Professor Bonham and Dr Frank Rutter, chairman of the Auckland Hospital Board and a GP who agrees to attend home deliveries, comment on the changes and progress at National Women's Hospital. The first stage (of labour) rooms have been brightened with murals painted by Carrington Technical Institute students and colourful curtains put up by the midwives themselves.

Softening

Dr Fisher would like to see even more changes in softening the clinical environment, but economics dictate that new equipment must take priority.

Many of the changes have women's emotional as well as physical needs in mind, he says. They can request dimmed lights or refuse drugs or other help. The father's presence is accepted and masks are no longer worn.

Women these days, he says, are more aware of their bodies and the birth process. Some complain later, but no one is ever forced to accept unwanted help or birth position.

Many domiciliary midwives and mothers who have experienced hospital births do not agree. They feel there is often a discrepancy between what is asserted and what happens.

Transfer (from home to hospital because of emergency) is a particularly stressful time.

Domiciliary midwives tend to be naturally possessive of the patient they now have to hand over to specialist care. Antagonisms arise easily.

However, Professor Bonham stresses the desire for better relationships and denies there is any subtle attempt to restrict the home-birth option.

A vigorous campaigner for the protection of this right, Joan Donley, who is writing a book on the history of childbirth in New Zealand, says fears are not allayed by such comments.

The draft report of the Maternity Services Committee she believes sets out to demand more restrictive criteria for the practice of home birth. This, coupled with the poor remuneration under the present system for domiciliary midwives, will undermine the home-birth option, she feels.

When the Minister of Health dismisses home birth as "trendy" it only increases her fears.

Is it really progress to have less choice than our mothers and grandmothers, she asks.

Dr Cooper says mothers wanting to have babies at home will have to put pressure where it is most effective — not with the domiciliary midwives, who have no political "clout," but with the Medical Officer of Health in their district and their Member of Parliament.

During International Home Birth week support groups are running information stalls throughout Auckland suburban shopping centres.

Photo displays and video will be shown all week in the women's common room at the Auckland University Students' Association building. A seminar in the Students' Association building is planned for November 6 at 1pm.