ome deliveries

Sir. -- Mrs Johnson in her letter "Some birth points missed" (Aug. 8) takes me to task for omitting some points about home delivery.

The Herald article she alludes to Aug. 1 very naturally abstracted only a small part of my address given to the Hospital Board in May. In the original there was only time to devote two sentences — 44 words — to home deliveries in a 6000-word report about obstetrics and gynaecology.

My concern about the return to a home deliveries is the fact that even with the best and most rigorous antenatal screening available at the present time, unexpected and serious in of us have worked abroad and have foetal distress still occurs occasional. A had more experience with birth ly in a seemingly normal labour.

Unless this distress is detected and

treated rapidly, the baby is likely to die or be permanently handicapped. Adults have the right to take extra risks with their own lives, but do they have the right to do this to a child?

It is at present fashionable to deride medical science but it would be wiser to view our own history and the contemporary Third World to see what medicine has delivered us from and the state to which we would return if we relaxed our medical vigilance.

Before Mrs Johnson belabours New Zealand doctors and midwives for preferring hospital delivery she would do well to remember that many

outside a hospital than she chooses to credit us with. - V.J. HARTFIELD.