

For healthier babies

YOUR editorial on home births (February 2) says the maternity services committee "has had the great sense to acknowledge that they (home births) will continue, and wisely has recommended ways to reduce risks to both mother and baby." This only appears to be so. In fact the recommendations are a catch-22 situation!

As far back as 1980 the Medical Council set up an Obstetrics Standards Review Committee (OSRC), a peer pressure group "with an Orwellian ring" because so many births were taking place outside hospitals. It is this OSRC which will monitor all obstetric hospital contracts.

Since the obstetricians as a body oppose home birth, how many doctors doing home birth are going to get their contracts approved? It is a legal requirement in New Zealand for every woman having a baby to be under the supervision of a doctor — so eliminate the doctors doing home birth and you eliminate legal home birth! Even now peer pressure prevents many doctors from doing home births, even though they do not disapprove of them; how many doctors will be able to stand up to the peer pressure of the OSRC?

Furthermore, domiciliary midwives are to be assessed by this OSRC. Already two midwives who are strongly opposed to home birth have been appointed to the Auckland committee. There are no domiciliary midwives on it. Is the

help undermined any competition from midwives doing domiciliary midwifery. He also advised that it would be possible in time to limit the "open" maternity beds to those who had special post-graduate experience in obstetrics — thus squeezing out the general practitioner obstetricians.

Today Shaw's forecast is significant. Under advice from a maternity services committee report released in 1976, closure of the small maternity units was begun. The small cottage hospitals, Bethany, and finally the Mater maternity wing went. These closures eliminated the operational base of the GP obstetrician, thus funnelling all women into the specialist obstetric base hospitals.

Now the coup de grace is about to be administered to the few hardy GP obstetricians still holding out, again on recommendation from the maternity services committee, which is a professional body dominated by the leading obstetricians. It advises the Board of Health on all matters of maternal and infant welfare. The committee has one token consumer representative.

In the face of the strong feminist health movement, which includes home-birth, the committee is far too shrewd to openly "reject home birth out of hand."

Let's not kid ourselves and the public on the real issues involved in the debate over home birth. It is a

power struggle between obstetricians-hospital boards, with their huge investment in architecture and technology aggravated by a falling birth rate, and women who are trying to regain control over their bodies.

If the committee really wants to appear sincere in its "safety" claims, why not ask the epidemiology advisory committee to investigate the comparative well-being of mothers and babies in hospital and home births? They could start with the recent Board of Health Report on Child Care, which states that 1 in 10 women suffers from postnatal depression; this leads to child abuse because it disturbs the parent-child relationship.

The report also states that abnormal labour is one of the contributing causes of postnatal depression. This is one of the reasons women want to have their babies at home — so there is no unnecessary or routine technological interference which leads to abnormal labour.

In a computerised survey of 1159 home births over a period of seven years, our postnatal depression rate was 0.8% — one 20th of the going rate. And as the report says, a good parent-child relationship lays the basis for the child's future physical and mental health.

JOAN DONLEY,
Domiciliary midwife

Mt Albert