

Goodbye to Babies

LIGHT AIRS

THIS IS MY SWANSONG, not from general practice - which I still enjoy - but from the obstetrics which for 30 years has been a major part of my practice.

It's not so much about insurance and liability, it's more about stamina. In my mid sixties, I find that getting hauled out of bed between 11pm and 4am takes its toll more than it used to.

But at this point, it might be useful for others if I look back at the sort of obstetrics in which I have been lucky enough to be involved. We refer to it as the low risk model, which is and always has been, the more natural province of midwives. Few doctors are taking this path in today's world and there are many good reasons for this exodus from one of the more rewarding branches of medical practice.

I have no axe to grind with the hospital or health authorities, who have, finally, come around to supporting this practice in hospitals, even to the extent of providing indemnity insurance through the TMF (Treasury Managed Fund). It was not always so.

When I started this sort of practice it was in response to massive demand from the alternative lifestylers in the 1970s, '80s and early '90s who wanted home-birth. I developed a small team of dedicated midwives to support, check, prepare the home front

and assist the mother before and after the birth, and we proceeded to deliver babies at home, wherever home was. We did this for many years. There were no existing guidelines, so we developed them. The style of practice was driven by the determination of the women who wanted to do it this way, and the social variant went from isolated cabins in the hills to the comfortable dwellings of professional women. And during this time we endured no loss of life.

By the mid 90s, the social tide was turning. Reading the signs, I transferred my learning and methods into hospital practice at Mullumbimby. Even without a theatre and epidural service, the hospital was a relative comfort zone. From my point of view it was easy to find, unlike some of those houses hidden away in the hills, many of them without electricity. Paradoxically, however, the essence wasn't much different, because technology had sufficiently advanced that we had been able to 'take the hospital to the home.'

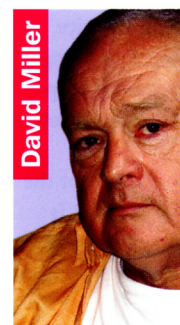
The hospital managers were able to adapt to the demands of the area, providing an acceptable cultural environment, including, after a bit of extra struggle, water birth and freedom of movement. So now, as the number of doctors inevitably dwindles, Mullumbimby Hospital has

become an important model of midwife caseloading, set up so as it can continue, ultimately without the need for doctors, and should not have to close like so many other centres. And this stands as a grass-roots success story which has grown from strong patient demand for alternative birth services.

In the context of, and looking back on these experiences, I can only see current government moves to suppress home midwifery as a backward step, short-sighted and in some cases, outright dangerous.

The Byron Bay Coroner Mr Reimer, summing up after a recent homebirth tragedy said 'it (home birth) is a practice that will not go away'. There remains a determined minority of women who will have a home birth even if they have to do it themselves. And they do. It even has a name. Its called 'free birth' and it can, and occasionally does, involve needless loss of life. For example, recently a baby drowned in its own fluid because there was no-one present who knew to open the sac.

As doctors we are responsible for patient safety and have to think of the worst case scenario, but childbirth is different to the rest of medicine, as it is not primarily about sickness. Nobody wants to lose a baby or moth-



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er, and especially the expectant mother herself.

Given the chance, experience has shown that a committed woman can overcome great obstacles. It can be dramatic, but it is often our professional fear of adverse outcome that can rob her of her chance. This was my greatest lesson in home birth in which the doctor or midwife was present on the family turf, and it was along this sort of principle, engendering confidence, that new guidelines were developed to fit the situation.

Over two thousand years ago our father physician Hippocrates said, 'Life is Short and the Art Long'. Childbirth is as much about the art as the science and can only properly flourish in a supportive environment.

Where there is no doctor, the midwife must carry the baton for low risk birth. Therefore she deserves a fair go, both at home as well as in hospital birth units.

