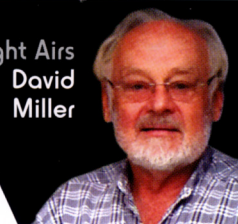


Travelling Outside the Guidelines

Light
Airs
David
Miller



IT WAS SUCH A beautiful day on the beach I did something unaccustomed and started to sprint but was soon stopped by a sharp blow to the calf. Before I had even half looked around for an assailant I realised it was my own unfit self – a torn Achilles tendon.

After several weeks in a moon boot I was getting so seriously fed up with a lack of resolution, I contacted an orthopaedic friend for guidance.

“It’s not really in the guidelines for this medication, but some people have reported favourably from using an angina patch directly over the injury. Theoretically it can improve blood flow to that difficult area. That’s not my professional advice so take it or leave it.”

As we well know, Guidelines apply to procedures as well as medications and are designed to keep our patients safe and us out of court. Accessible Guidelines in complex or unfamiliar situations can be most useful, for example in the emergency department. Guidelines are good but they are only guidelines. The enmeshed inflexibility can stultify originality and useful experiment.

Changes to embedded protocol can be difficult to absorb, for doctors and the public. When it was decided that chest compression in CPR outranks ventilation it was difficult to absorb. In my heart of hearts, I still have doubts about this but there is a bright side for the man and woman in the street, who no longer have to kiss unconscious strangers. Check out official British humour on the new guidelines. www.youtube.com/watch?v=ILxjxfB4zNk

Closer to home, an anxious Mullumbimby midwife directed my attention to page 7 of the Byron shire news on 12 February, ‘Broken Head beckons for birth’.

A starry-eyed couple having their first baby had made a



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dash from Victoria to have their baby in the tea tree lake because ‘the lake has been a sacred birthing ground for thousands of years for Aboriginal people’. The midwife was concerned about safety aspects of meeting the request.

This last case was of particular interest to me because of my homebirth practice in this region 30 odd years ago. It was a time so prior to the introduc-

tion of homebirth guidelines that common medical indemnity insurance did not even exclude the practice of home birth.

Guidelines were built up on experience and close mishaps. Even then the lake would have been excluded due to a number of criteria: no phone, opaque water and poor access for transfer. A lack of privacy and difficulties setting up equipment would have contributed, although there was one case in which the mother wanted to labour alone in the surf and so the midwife and I had to observe her from the sandhills through binoculars. The guideline was clear that she had to move back home for the birth.

In another case a woman was birthing in her claw foot chip heater bath and as the baby emerged a long and black glistening reptile with a small head charged out from under the bath between my feet, its tiny legs going like the clappers.

I got such a shock that the baby almost dropped back into the water.

‘That’s just George,’ reassured the husband next to me as he caught the baby, ‘he’s a perfectly harmless land mullet. The birth disturbance has brought him out.

George was definitely outside the birth room guidelines which excluded animals.

Roosters crowed and any ducks, dogs and cats around the home seemed to be very curious about human birth.

It came to pass that ‘No animals in the birth room’ became etched as a guideline.

What happened to today’s Lady at the sacred lake? This story has yet to be told. As with the Lady of the beach, she has been permitted by the wise midwife to have some labour at the water’s edge and then move into the mantle of safety at the Mullumbimby low risk birth unit for final delivery. Time will tell.