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December 13, 2003

Birth: do try this at home

Electing for home birth, Nick Kettles and his partner had first to battle their local trust, then sell a prized Damien Hirst to fund it

When my partner, Priya, opted for a home birth for our eldest daughter, Asha, it felt as if she'd chosen a gooseberry bush. It's your first child, they said. Are you sure? How far do you live from the local hospital? There's a possibility of infection. Not quite shroud waving — but hardly an encouraging run-up to the new patient choice agenda, trumpeted by John Reid ever since becoming Health Secretary, and which includes the right to choose where to give birth.

And no mention was made of the risks of hospital deliveries, highlighted by the recent news headline "doctor died after 'birth blunders' by colleagues" — a report of the inquest into the death this month of Sandhya Senanayake who died of a haemorrhage after giving birth to twins at Basildon General Hospital. The trend towards more Caesareans in British hospitals — one in five births are by this method — does not inspire confidence; a recent study, by Gordon Smith, professor of obstetrics and gynaecology at Cambridge University, published in the *Lancet*, found that women who have their first baby by Caesarean "double their risk of a stillbirth" next time round.

Despite the glossing over of the risks of hospital deliveries, I was to discover in my role as researcher for our cause that our hospital's concerns for home birth were, nonetheless, all reasonable. For one simple reason. Since 1945, birth has generally been considered a biomedical procedure. Why would it be otherwise? Advances in obstetrics and medical care have contributed significantly to the fall in both maternal and neonatal mortality in childbirth.

I, for one, sympathised; without modern medicine I might have died more than once. Priya did not. She has mild nosocomephobia (fear of hospitals). "That's where sick people go," she said. "I'm not sick, I'm pregnant." Midwives share this view. Birth is a natural process. Responding to this summer's Health Select Committee's recommendations for women -

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centred maternity care, Dame Karlene Davis, general secretary of the Royal College of Midwives (RCM), said: "The focus should always be on normality in childbirth in an environment where a woman feels comfortable." Quite.

Priya's choice may have been instinctual but, as we found, certainly no less risky than having a baby in hospital. In the absence of a system that balances biomedical procedures with awareness of how a pleasant environment can have a good impact, informed choice invariably ends up involving the selection of disparate research which backs up your case.

Among the threads we wove together for our own ends was the National Birthday Trust Fund's 1994-95 comprehensive inquiry into home births which showed that they have half the risk of leading to C-section, ventouse (vacuum extraction) or forceps delivery.

The clock was ticking by this time. According to the Association for Improvements in the Maternity Services (Aims), a consumer group, 37 weeks is the favourite time for telling women their home birth is in doubt because women cannot face confrontation at such a sensitive time and back down. At 32 weeks Priya was in turmoil about her relationship, or lack of, with the local midwives and wondered how long they would wait before referring her to hospital. The National Childbirth Trust (NCT) informed us that having a home birth is entirely possible on the NHS — it's just that support and service varies from trust to trust. We didn't live in Peckham, South London, where the Albany Midwifery Practice achieves upwards of 40 per cent of home births in an area of high deprivation; our trust was closer to the national average of 2 per cent.

The submission by the Independent Midwives Association (IMA) to the Department of Health's NHS consultation, *Choice, Responsiveness and Equity*, this autumn, confirms that our decision to hire an independent midwife was, at least within our trust's area, the best way of having a successful home birth. Of just under 300 planned home births attended by independent midwives during 2002-03 (of which a significant proportion were considered high risk), 75 per cent were birthed at home.

The necessary financial sacrifices may have seemed harsh — £2,000 and no cash back from the NHS — but the ensuing calm our money brought was warmly welcomed. Priya enjoyed lengthy discussions about labour, birth and post-partum procedures with our independent midwife, while I made tea and set up the birthing pool.

Asha's arrival was not without incident. Priya's

labour was arduous. The midwife had to break her waters to get things moving. Then, an hour after Asha arrived, she began slightly sub-ventilating — a 10 per cent risk of infection, our midwife told us. We decided to take her to the local neonatal unit, where exceptional care and attention for our 8lb girl showed that our fears were unfounded. But throughout, our independent midwife's support was key. At no point were we hurried in our decisions — something many couples report is their experience in hospital.

And so to Eloa, three years on. We had moved to another trust, supportive of home births. But when a test for thrush at six months showed the presence of Strep B, considered a high-risk indicator requiring antibiotics during labour, we again opted for an independent midwife. Damien Hirst lent a hand in raising the finance when we sold a prized spin painting won in a competition.

After discussing options with our midwife, Priya opted for a preventative dietary approach, a decision borne out by later tests. Then, from my vantage point of tea-maker, I observed Priya's confidence grow as she developed a relationship with the midwife of her choice and she embraced the idea that her body was perfectly capable of giving birth without intervention or complication. An eerie absence of anxiety descended on the house. Was this normal, I asked? Why would it be otherwise, our midwife replied. Eloa's four-and-a-half hour birth was textbook.

Herein may lie the crux of the aforementioned high incidence of Caesareans and other intervention. Our culture does not teach the natural process of childbirth from one generation to another. Mervi Jokinen, practice and standards development adviser at the RCM, says: "I have observed asylum seekers in the UK from countries where home births are more common and group of women are with the mother, including one experienced in childbirth, and one not."

Ideals aside, we both understand and appreciate the need for biomedical procedures. No parent would ever knowingly put their child at risk. But should the glut of information about the risks in childbirth stifle decision-making for women? An NCT survey on home birth showed that 20 per cent of women would like more information about home birth — as opposed to the 2 per cent who are having them. In the Netherlands, the figure is closer to 40 per cent.

Dr Stephen Ladyman, minister responsible for maternity services, thinks risk is something we get wrong in this country: "We don't balance the risk of one procedure with another. But, if we can start providing information. . . my guess is most women will opt for midwife-led maternity units." His first task, however, is persuading midwives back into the

profession — 2,000 by 2006. But Brenda van der Kooy, from the IMA, says: "Targets don't solve the underlying problem of why midwives leave; that they are unable to practise autonomously in a flexible way."

Well, maybe demand will ultimately dictate supply. Since Eloa's arrival, Asha has given birth to all her dolls in her birthing pool.

STAYING HOME

- To get started: www.homebirths.org.uk
- For all you need to know about childbirth and a support network: the National Childbirth Trust, www.nctpregnancyandbabycare.com
- To stand your ground: the Association for Improvements in the Maternity Services, www.aims.org.uk
- To opt out of the NHS: the Association of Independent Midwives www.independentmidwives.org.uk



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