

BRITISH MEDICAL JOURNAL

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We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

Home deliveries and British obstetrics

SIR,—I have read with growing concern the confused arguments between some members of the public, "caring" groups, paediatricians, and obstetricians put forward for and against home confinement. Like Dr Anne Savage (18 July, p 227), I am about to become a grandparent and am also an anaesthetist involved in obstetric care; so perhaps I can add a professional and personal view.

The case for home delivery seems to be that it is preferable since the woman in hospital is institutionalised, made to feel part of a pathological process as a patient, is away from her familiar surroundings, and could be forced to partake in procedures which she does not want. The case for hospital delivery is that it is safer for the mother and her baby to have the resources immediately available if required. Are these aims really incompatible?

In Cardiff we try to ensure that women having babies are treated as mothers. By that we mean that we remember that a mother becomes a patient only if a pathological event has taken place. The most important element, the warmth of the home environment, can be transported to hospital if the father, or whoever the mother wants, is encouraged to be present

in the labour ward. A midwife is always allocated to each mother and would leave only briefly in an emergency. Loneliness in labour is devastating and unforgivable.

Any mother can choose the pain relief she wants, whether it be epidural, pethidine, "gas," or psychoprophylaxis (or all of them), so long as it is safe—and it usually is—or none at all. If she so wishes she can get out of bed, or she can stay in it. We have had little pressure for home delivery. And why should there be so long as the hospital combines safety with a "home" atmosphere? This system works only if obstetricians, midwives, paediatricians, and anaesthetists work together as a team. In some obstetric units there are tensions and rivalry between specialties. I believe that this arises principally because there are not enough skilled staff to offer an efficient service. Our efforts should be directed towards raising the standards of staffing and training and then the unnecessary dilemma of hospital versus home would largely disappear.

Our surveys indicate that more than 90% of our mothers are satisfied. We could do better and must continue to try. I have no doubt that I would prefer my grandchildren

to be born in hospital—certainly one such as we have tried to develop in Cardiff.

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SIR,—It seems to have become fashionable to knock the British obstetric service, comparing it unfavourably with other systems such as that of the Dutch; and Dr Anne Savage in her "Personal View" (18 July, p 227) continues this custom.

From my own practice in the Netherlands, however, I feel that I should mention two less desirable aspects. One was the experience of being summoned from home one and a half kilometres from the hospital to intubate a child who had not breathed at birth, as neither the midwife nor the obstetrician were trained in intubation. The other was the experience of watching the obstetricians fretting over a labour which was going wrong in the hospital's maternity suite and yet being unable to interfere as they were not allowed to until the midwife made a formal referral.