Home births

Sir,

We believe that an extension of domiciliary obstetric care within the NHS is both possible and desirable. Birth at home meets the wants of some women, understandably disturbed at the rising rate of assisted births in hospital maternity units. Home confinements supervised by general practitioners permit specialist services to concentrate on high-risk pregnancies. Necessary arrangements for support of domiciliary care encourage collaboration between general practitioners and hospital obstetricians. And the viewpoint of women becomes an important issue in medical decision-making. We have reached these conclusions from our experience of supporting births at home in an inner-city area of London, with the assistance of the local maternity unit and consultant obstetricians.

Reviewing 143 consecutive home births supervised by us between 1977 and 1982, we can find no evidence of increased risk to mother or baby from the choice of birthplace. Careful selection of low-risk pregnancies, and early transfer to consultant care when appropriate has allowed 73 per cent of primiparous and 92 per cent of multiparous women to have their babies at home, in safety, under our care.

Predictably, the transfer rate for primiparous women is high. Eleven out of the 14 primiparae requiring transfer to maternity units did so because of failure to progress in labour, and all had assisted deliveries. The remaining three developed antenatal complications demanding specialist care.

None of the eight multiparous women transferred to specialist units were in labour at the time of transfer. Seven developed antenatal complications (including hydramnios, pre-eclampsia and antepartum haemorrhage) and one had a postpartum haemorrhage.

There are problems in providing such a service. We have to learn to cope with decision-making throughout pregnancy and labour, and with all the anxieties about abnormal babies, long hard labours and obstetric disasters that surround such decisions, without the reassurance of equipment more complex than a sonicaid and an (unused) pair of lift-out forcepts. Training in masterly inactivity and a strong grasp of probabilities are necessary.

We also have to learn a subordinate role, for the midwife is the key worker and we are a secondary authority (particularly during labour) who makes final decisions but who rarely intervenes uninvited.

Workload implications are less serious than some might think. Our practice can cope with two or three home births a month, shared between two doctors in a five doctor group with 10,500 patients. If list sizes really do fall to 1,700 per doctor, a growing commitment to domiciliary obstetrics becomes possible, even in inner city areas.

OWEN FRANKLIN
STEVE ILIFFE

97 Brondesbury Road
London NW6 6RY

The College Journal

Sir,

We are a local group of RCGP Members which has bimonthly meetings, usually to discuss clinical topics. At a recent meeting we discussed the College *Journal* and its usefulness to our daily practice of medicine, and to our interests in the College.

While acknowledging definite improvements in the *Journal* in the past two years — in particular the more recent 'News and Views' section — our group was highly critical of the standard and content of the bulk of the College *Journal.* We applaud the criticism by Dr C. Daly (February *Journal,* p.119) and agree that there are many good original papers, but this alone is not enough.

We feel that the College *Journal* should be the country's leading general practice journal. At the moment, however, it is outshone very much by the general practice sections of the *British Medical Journal.* Recent BMJ articles on 'Life changes', 'ABC of . . .' series, and 'Young practitioner groups' seem far more attractive than College *Journal* papers. 'Medeconomics' published a very useful article on the new Mental Health Act which would certainly have been a welcome inclusion in our own *Journal.*

More specific criticisms of the *Journal* were: that the editorials and correspondence columns should reflect more the controversial issues of general practice; that its presentation is impersonal and lacks humour; that there is a dearth of authoritative reviews on important clinical subjects and articles on therapeutics. Are we wrong in suspecting collusion between the *Journal* and 'Update' not to trespass on each others' territories?

We accept that every editor is limited in scope by what is submitted to him, but we would plead for a debate within your correspondence columns, on what College members really want from their journal. We feel that we are not alone in reading our College *Journal* more out of a sense of duty than in eager anticipation.

SEAN HILTON
Secretary Kingston Barnes Richmond RCGP Local Group
The Canbury Medical Centre
1 Elm Road
Kingston-upon-Thames
Surrey KT2 6HR