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## Letter from Australia

### To the Editor:

In Dr King's "Letter from Australia,"<sup>1</sup> he describes the two-tiered medical system in Australia with the explicit purpose of cautioning us against the development of a similar system in Canada. While this is an important message—and, indeed, there are dangerous inequalities built into two-tiered systems—there is a subtext to Dr King's letter that is unsettling: I fear that he assumes that the private hospital experience of labour and delivery is the one that "rates higher for satisfaction." Is it the plush, carpeted suite that holds the appeal? Surely, the pleasures afforded by the posh environment and by knowing the attending obstetrician lose their appeal when one is recuperating from major, possibly unnecessary, medical interventions. Based on the statistics provided by Dr King, it seems

that the obstetricians are two times more likely than midwives to intervene in a woman's labour, leading her down the medical spiral from induction to Caesarean section. I would therefore read Dr King's letter as an indicator that: (1) it is probably healthier for Australian women to give birth in public hospitals with midwives rather than in private hospitals with obstetricians, and (2) that across Canada we should increase the number of midwives with hospital privileges. The final line of Dr King's letter could have read, "Women who seek natural childbirth, beware of obstetricians!"

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## REFERENCES

1. King JF. Letter from Australia. *J Obstet Gynaecol* 2005;27(10):934–5.

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## In Response

### To the Editor:

Dr Kaplan-Myrth is unsettled by my implication that the private hospital experience of labour and delivery in Australia rates higher for satisfaction than the public hospital experience.<sup>1</sup> As a card carrying supporter of the public system, I wish it were not so, but it's true.

The 2000 report, "Survey of Recent Mothers in Victoria" indicated that despite the higher intervention rates in labour and delivery care, women cared for in the private system consistently ranked their antenatal and intrapartum care as more satisfying than did those in the public system.<sup>2</sup> The ingredient that made the difference was continuity of care, which applies to a larger extent in the private system. Steps are being made to address this deficiency in the public system with "team" midwifery care, but there is a long way to go.

But I think that Dr Kaplan-Myrth and I would agree that a preferable way to deliver maternity services is to ensure high levels of safety and satisfaction in a universally accessible system, not fuelled by the imperative for profit by either care provider or institution.

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## REFERENCES

1. King JF. Letter from Australia. *J Obstet Gynaecol* 2005;27(10):934–5.
2. Bruinsma F, Brown S, Darcy MA. Having a baby in Victoria 1989–2000: women's views of public and private models of care. *Aust N Z J Public Health*. 2003;27(1):20–6.