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Baby toll lower in private hospitals

Lex Hall | February 16, 2009

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BABIES die in public hospitals - during labour or shortly after birth - at three times the rate in private hospitals.

And women who give birth in public hospitals are more than twice as likely to suffer tearing, new research has found, while their babies are more than twice as likely to need resuscitation at birth.

Research leader Stephen Robson, of the Australian National University, said the findings, to be published in the *Medical Journal of Australia* today, contradicted the view that the increased rates of obstetric intervention in private hospitals were bad for women and their babies.

"The very long-held belief that intervening is a bad thing isn't actually borne out when you look at the data," he said.

"Our study suggests these things could be beneficial because the rate of babies dying is about half in private hospitals, and the rate of serious maternal injury is less than half," he said.

"You might reasonably conclude it brings advantage. It definitely needs further study."

Associate Professor Robson and researchers from the University of NSW examined the outcomes of almost 790,000 births that took place over four years. About one-third were in the nation's private hospitals.

Professor Robson said his team had seen a high level of medical intervention, such as caesarean sections, induced labour and forceps delivery, in private hospitals. "But when you look at the outcomes, there's a big difference and it favours obstetric care in the private hospital sector."

He said differences in the health and socio-economic status of the mothers alone could not explain the performance gap between public and private hospitals, and that further research was needed.

"And it's not as though we've taken a small sample. We basically looked at every birth in the country (over four years)," he said.

The neonatal death rate was one for every 1000 babies born in private hospitals, compared with three in 1000 in public hospitals.

Australia's rate of caesarean sections has risen from a single digit per cent in the 1980s to account for more than 30 per cent of all births.

Hannah Dahlen of the Australian College of Midwives said women with private health insurance were likely to be much healthier than women treated in the public sector.

"It's like taking a bunch of Olympic athletes and looking at their outcomes under a private obstetrician, and then looking at a group of everyday citizens and saying, 'Well, that's due to the fact that they're in the public system'," Associate Professor Dahlen said.

"We're talking about two very different populations. Women who can't afford private insurance are more likely to be of a low socio-economic demographic and therefore more likely to smoke, drink and be obese."

Professor Dahlen said severe tearing was ill-defined and under-reported in the private system.

"Midwives tell us there are third-degree tears and some doctors don't allow it to be reported," she said.

"You can halve your third-degree tear rate depending on how you define it."

She said certain groups, such as Asian women, were twice as likely to suffer tearing and were less likely to have private insurance.

The federal Government welcomed the study, with a spokesman for Health Minister Nicola Roxon saying it would add to the upcoming Maternity Services Review Report into improving maternity services in Australia.

Additional reporting: AAP

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