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CHILDREN AT BIRTH

★ A POSITIVE REPORT ON CHILDREN AT BIRTH
★ A MANUAL ON PREPARING YOUR OWN CHILDREN
★ READ IT AND YOU BE THE JUDGE
★ OVER 125 PICTURES LET YOU SEE FOR YOURSELF
★ INTERVIEWS WITH "PROFESSIONALS"
★ MANY PERSONAL ACCOUNTS OF "EXPERTS" (CHILDREN) WHO HAVE ATTENDED BIRTHS
★ OUTSPOKEN CONSUMER INFORMATION.

Marjie and Jay Hathaway, AAHCC, are executive directors of the American Academy of Husband-Coached Childbirth. They have taught over 2500 couples to "give birth" and they have trained over 800 teachers of "The Bradley Method." Together they have produced eleven films on childbirth, nutrition, and breastfeeding. Marjie is a La Leche League leader and was nominated for Outstanding Young Woman of the Year in 1976. They both serve on the Board of Advisors of SPUN (Society for the Protection of the Unborn Through Nutrition) and NAPSAC (National Association of Parents and Professionals for Safe Alternatives in Childbirth.) The Hathaways live in Southern California with their six children. They have traveled all over the United States collecting material for this book.

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HATHAWAY CHILDREN AT BIRTH

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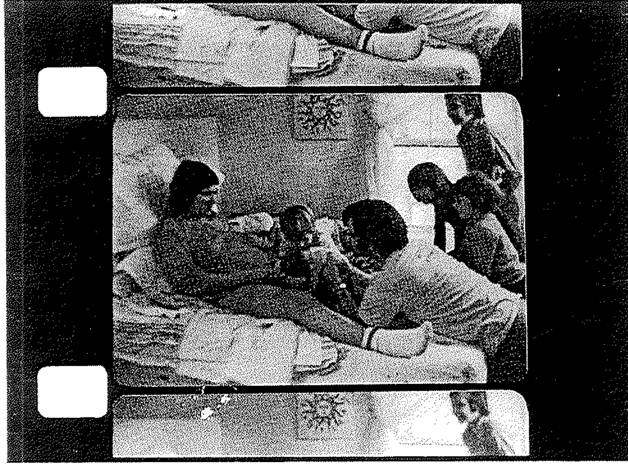

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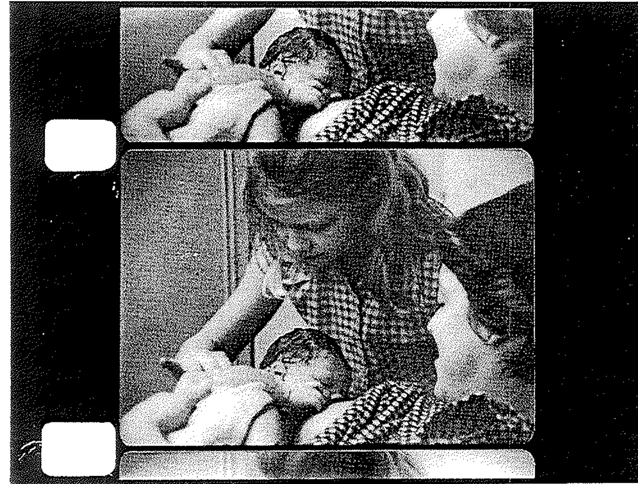

MARJIE AND JAY HATHAWAY, AAHCC AND KIDS

CONSUMERISM

(Choices)

"Rarely are mothers taught, in hospital-based classes, how to cope with the hospital and its personnel in a manner which maintains the parents' control of their childbearing experience.

The recognized success of parents prepared by the Bradley Method is, in my opinion, largely due to the Bradley instructor's emphasis on teaching parents how to cope tactfully, but forcefully with the hospital environment."

Doris Haire, speaking at
International Society for
Psychosomatic
Obstetrics and Gynecology
Chicago, Illinois, April 1976

"It's not nice to fool Mother Nature."
Robert A. Bradley, M.D.

When Marjie asked me to write this chapter . . . on consumerism ... I hesitated for a moment. I wondered what a chapter like this would be doing in a book about "Children At Birth." But, thinking it through, birth is about children . . . and the life and health of our children depend on our actions during (and before) pregnancy. The Bradley Method's goal is to present honest information about a natural process in a simplified way.

The doctors talk about the benefit/risk ratio when evaluating the usefulness of medical procedures. I prefer the term "choices". I feel that the reason God gave children parents is so that someone who cares and has a continuing responsibility will make the choices. Parenting is, perhaps, life's greatest experience. Parents (and their babies) must live with, and often pay for, the choices they make.

Natural childbirth is the standard . . . all interventions must be weighed against this standard. In obstetrics, procedures are often measured against what is routine, not what is natural.

As parents, we have been living with the results — psychologically and

Many of the things I will talk about in this chapter may be lifesaving in specific circumstances or of great benefit once in a while. Labors should be evaluated on an individual basis, not routine. Machines cannot replace good personal care. Nothing in this chapter is meant to be a criticism of any particular individual, but rather is meant to inform consumers about risks which do or may exist.

physically — of the choices WE made. At times we made choices we didn't even know we were making. When you choose a physician, for example, you are not only choosing a person whose personality you find compatible, but you also (often unknowingly) choose the prejudices and routines that were a part of his medical training. When you choose a location for your upcoming birth, you choose between the risks and safety of home, birth center, and hospital. And make no mistake about it . . . EACH choice has its own risks, as well as benefits, as does almost everything you do in life.

In the next few pages, I'll try to share with you some of the things I've been able to learn about birth. The main point I'd like to leave you with is this . . . GOD GAVE YOU THIS BABY . . . TO LOVE AND CARE FOR . . . YOU MUST MAKE THE CHOICES YOURSELF . . . NOBODY CAN DO IT FOR YOU . . . YOU MAY MAKE THE WRONG CHOICE, BUT ONLY YOU CAN CHOOSE . . . BEAR IN MIND THAT YOUR LIFE, AND YOUR BABY'S LIFE IS AT STAKE . . . PLEASE . . . DON'T BELIEVE A WORD I SAY . . . OR ANYBODY ELSE SAYS . . . YOU MUST LEARN, PREPARE, HIRE AND FIRE, STUDY . . . AND CHOOSE!

I'll try to go over the risks and benefits of many of the choices you must face when you are pregnant . . . remember I am a biased, prejudiced person . . . in many cases I select those studies that support MY prejudices. It is important that you know, however, that **your** doctor, like all doctors, may be a biased, prejudiced person also, selecting (or in more cases than not, being selected for) those studies that his school or his detail man (drug salesman) call to his attention. As David Stewart has pointed out . . . 'TRUTH IS NOT DETERMINED BY MAJORITY VOTE.' All the obstetrical, governmental, psychiatric committees on earth cannot change the truth. They merely control the behavior of those who submit to their authority. You do not have to submit. You CONTROL them. You hire and fire doctors and hospitals, midwives and other personnel. The Doctors have given up much of their control to committee vote. If they disagree, they dare not tell the patient (their privileges are at stake). If a nurse disobeys the rules, she may be fired. The only person free of the rules, laws, and 'routines' is you — the parent. Know your rights! And, exercise them!

Since common sense and 'natural processes' are so frowned upon in our pseudo-scientific world today, I will try to include references to the medical literature so that medically-oriented folk can look them up. But, again, remember . . . for each reference I chose, there are often others, also done by competent, sincere researchers whose conclusions may be much different. Indeed, many of the authors I shall cite, drew different conclusions . . . again YOU must decide.

The natural birth process works well in most cases. Any deviation from nature should rightly be considered **dangerous** until **proven** safe!!

We live in a world WE consider "modern," but our great-great grandparents **thought** they did, too! **Our** great grandchildren will judge us harshly for our ignorance of natural birth!

The normal process of birth remains the same, but today's procedures harm far fewer than did Dr. Semmelweiss' peers (who often killed 20 to 30 percent of the mothers they were 'helping'). At Boston Lying-In Hospital in 1883, 75 percent of the mothers had childbed fever, and 20 percent died of it. In 20 years we may look back at today's practices with the same disdain that we, today, reserve for leeches, and bloodletting. But, remember, THEY WERE MODERN in their day!

BIRTH LOCATION

This is, of course, one of the key decisions on which many of the others hang. In today's world "the hospital" has been the typical birth location for most American births (deliveries) and has pros and cons.

For many, the hospital symbolizes sterility, competence, medical "safety" and peace-of-mind. Many hospitals have now, in effect, realized the absurdity of their past practices . . . they now "admit" or "allow" fathers at birth. Remember, every time a medical "sacred cow" fades into obscurity (silently, of course) that this **in itself** is evidence of the fallibility of the present system. THE DOCTOR WAS WRONG! Most of the same people who now embrace "fathers in delivery" as their own invention, have never given credit, or so much as a "thank you" to Robert A. Bradley, M.D., who first conceived the idea of the husband as an active, participating labor coach over 30 years ago.[1] Most of these self-appointed barricaders of delivery rooms would have said (and many did) only a couple of years ago that husbands were either (a) unnecessary, (b) dirty, (c) lawsuit-happy, (d) crazy — or often all of these and more. I'll bet your local hospital has changed its policy toward husbands since 1970 or later. Ask them. I bet they won't want to tell you. Dr. Bradley was called every name in the book, (and sometimes still is) and every dirty trick you can think of was thrown into the battle — but THEY LOST — CONSUMERS (PARENTS) won the war.

Many people, in fact most people today, choose to give birth in a hospital. Dr. Bradley insists, "Make the hospital more home-like."

Many hospitals today are opening "birth centers" in the hospital where uncomplicated births can be carried out in a "pseudo-home" but with all medical personnel and equipment available — fast. Many of these hospitals are making real "progress" toward a more natural birth environment.

A word of caution . . . because the public is becoming more aware, many hospitals have begun to give lip-service to the "birth center" concept. Changing the signs, or answering the phone "birth center" does not make it one. Many hospitals today promote "family-centered maternity care" without even understanding the words. Many hospitals offer a "Leboyer" birth, and all that has changed is that after the labor is stimulated, the mother is drugged, the baby dragged out, the routine episiotomy is performed, and all the insanity of "delivering the baby" takes place. Then, the "poor kid" is dunked for a few seconds into a plastic bathtub — and all concerned are placated — at least all but the poor child. There are now many birth centers, but very few UCCs (**un**medicated childbirth centers). BEWARE OF THE BAND-AID APPROACH!

So, the pros of the hospital are peace of mind (very real to some people) and the availability of medical intervention. Ironically, the hazards of the hospital may be exactly the same — very real fear of the hospital (just as real to other people) and the risk of unnecessary or botched-up medical intervention. Dr. Robert Mendelsohn states,[2] "People who say the hospital is the only safe place to have a baby just don't know anything about hospitals." He goes on to state the hospital has three categories of risk: (1) bacteriologic, (2) psychologic, (3) accidents. To these you must add the increased risk of intervention — if the machine is there, why not use it? There are whole new strains of germs that exist ONLY in hospitals, and the rate of infection is much higher in hospitals than at home (four times as high!)[3]

The out-of-hospital birth center is also gaining in popularity. The NACHIS Birth Center in Los Angeles is an example of a birth center in the doctor's office. Vic and Salee Berman have structured their OB practice around natural childbirth and achieve over 90 percent unmedicated, spontaneous births.[4] (Of their first 109 attempted birth center births, 101 were successful; eight were delivered in the hospital and only one needed a Cesarean section). It was a good idea to ASK what is your doctor AND hospital's rate of medication, forceps or Cesarean section BEFORE selecting them!

The pros of the birth centers are the freedom from many of the routines and rigid practices of the past . . . often coupled with truly personal care. The cons are the removal of the pregnant person to another place, and the collecting of these people in a central location for the convenience of the personnel involved. Also, I suspect that the rate of infection will be shown to be much lower than the average hospital, but not quite as low as the home. The pregnant couple and their unborn baby have already been exposed to the bacteriological environment of their own home. When a large number of people are collected in one place — some are sick or contaminated — the risk of spreading an infection is much higher.

The care which the pregnant person receives is generally undivided in her own home, semi-divided in the birth center, and almost totally impersonal in most hospitals where everyone works by the clock and shift changes turn the entire institution over to a new crew at one time. As the home and birth center become more popular, they, too, run the risk of becoming impersonal — a doctor or midwife with two, three, four people in labor is in a real bind. The tendency to "hurry" labor is very hard to resist. This can leave the staff without options and lead to a rushed . . . assembly line. Birth is a slow, individual process, to be savored and enjoyed slowly. The safety of the process is MOST THREATENED BY RUSHING MOTHER NATURE.

Home birth is also making a strong comeback. Gregory White, M.D., author of "Emergency Childbirth" has stated "home birth, in properly selected patients, properly attended, is as safe as hospital delivery — I have a hunch they may even be a little safer. If I didn't think so, I wouldn't be doing them!"[5] At NAPSAC, after presenting a matched study of 1046 home/1046 hospital births, Dr. Lewis Mehl concluded,[6] "Compared with birth in the home, 3.7 times as many babies required resuscitation; infection rates of the newborn were four times higher; and there were over 30 times more birth injuries in the hospital. As for the mother, in the hospital there were 2.5 times more oxtytocic stimulants used during labor, 22 times more use of forceps, nine times as many episiotomies (which are supposed to prevent tearing of the perineum). Yet, there were nine times as many severe lacerations as in the home."

Almost everyone who received the interventions in the hospital were made to believe that the hospital "saved them." The only way to truly make the hospital more home-like involves retraining the mistrained, not changing the signs.

BIRTH ATTENDANT

The second point is the choice of the person to attend the birth — doctor (either obstetrician or general family practice) or CNM (certified nurse-midwife), or

lay midwife, or other medical or para-medical person. There also exists a growing number of families who opt for NO attendant — the DIY (do-it-yourself) birth.

Again, the pros and cons . . .

The doctor . . . a few doctors are specializing in births — while the mainstream of the profession prefers "obstetrical management" and "deliveries." Be sure you have chosen the type you wish. If you want a hospital birth . . . many fine doctors will be happy to perform "life-guard" duty and merely "catch" your baby if all is well. But, also there are the other type who "always" need to use IVs, fetal monitors, forceps and the like. You might ask your doctor what is HIS rate of Cesareans, forceps, and episiotomies? Also "Do you KNOW HOW to deliver a breech baby?" or "Do you KNOW HOW to do a pressure episiotomy?" Did you know that the word "physician" comes from the Greek word for "natural?"

One more thing about doctors — if your doctor doesn't do home births, don't try to 'twist his arm'. The skill that most doctors learn for deliveries is simply not safe for use at home birth. If your doctor hasn't done home births, but wants to learn, there are two groups which may help him learn.[7]

About midwives, the American College of Nurse-Midwifery has generally been anti-home birth in recent years. Many CNMs (certified nurse midwives) are not trained in home birth. Many of the midwives around the country who are lay/professional/licensed are totally untrained. Many others are self trained and may be very skilled. Again, only you can choose.[8]

The choice to have a midwife is increasing. The number of self-taught midwives has suddenly become a major factor in the choices available. A word of caution: what training there is for midwives has most often been along the lines of the physician training. In many big city hospitals the midwife does the same things the doctor did — only the midwife has LESS freedom to vary "routine" to fit the labor. The assumption that a slow labor is "bad" and a fast labor is "good" still rules! The idea that second stage labor should last only a few minutes is dangerous. Routine episiotomy and other interventions, once voted in, are often mindlessly carried out by personnel too "chicken" to be different.

A word about the feminist movement. Lately there is an assumption that FEMALE attendants are naturally better than male — that all women are sisters, and only a woman can empathize with another woman. Maybe this is right but I doubt it. Cast your mind back over the history of childbirth — Dick-Read, Lamaze, Bradley, Brewer, DeLee, Semmelweiss, Leboyer — all were males. These MEN have contributed greatly, not only to the technological safety of birth, but also to the feelings, joy, pride of the MOTHER, the FATHER.

Today we have many concerned females — and more power to them — but also we have unconcerned, sadistic and political women. It is NOT SEX that determines human-ness . . . and neither sex has a monopoly!

P.S. I don't mean to diminish the contributions of the female pioneers who have taken more than their share of punishment, trying to help us all. A couple of names many of you will never be able to thank enough are Charlotte Aiken, Margaret Gamper, Mabel Fitzhugh, Doris Haire, Rhondda Hartman, Carolyn Rawlins, Beatrice Tucker, Marjorie Karmel, Lynn Moen and seven ladies from Franklin Park who changed the entire western world. Without them the rest of us might never have learned what we were missing.

A word about DIYs (Do-It-Yourself) ... in this book you will see pictures of the

Stewart family's latest birth (Anthony) and other kids — each, a DIY — helping. Lee Stewart, writing in "21st Century Obstetrics" explained their decision...

"Fourteen years ago we had to make our choice — our choice of how our baby would be born, a choice about how to feed our baby, a choice about a way to raise our baby that was best for him. At that time the so-called scientific evidence did not agree with our own strong feelings and common sense.[9]"

David wrote, in "Safe Alternatives in Childbirth," "It is usually the parents who are the most informed and who care the most for the safety of their baby who choose a home birth. Those who are least informed usually relinquish themselves to doctors and hospitals without question."[10]

In a medically unattended birth there exists a small possibility (but very real) that some medical emergency could occur and that treatment would be delayed enough to kill somebody. In a medically-attended "managed birth" the risk may be that a normal, healthy mother or baby may be killed because of intervention. I, personally, am unsure which is the **greater** risk. Dr. John Bonica, author of "Obstetric Analgesia and Anesthesia" spoke at the ICEA convention in Seattle in 1976. He shouted to the audience "all anesthetic deaths are preventable." He may be right. But, unfortunately all anesthetic deaths are not prevented.

So, choose the attendant with care, and skepticism. Even the best can make a mistake. Be sure YOU have as much control as possible — not the other way around. Also, take into account their number of patients — a totally exhausted birth attendant MAY make mistakes, or hurry an otherwise natural labor.

DRUGS IN PREGNANCY

The American Academy of Pediatrics Committee on Drugs has stated that there is no drug which has been proven safe for the unborn child.[11] If that isn't strong enough, recall the DES tragedy that we are now living through, or the Thalidomide tragedy a couple of years ago. In both cases the drugs involved were thought to be SAFE! In the American Journal of Obstetrics and Gynecology, December 1952, page 2, a full page ad told your doctor "...DES RECORDS THE HIGHEST RATE OF FETAL SALVAGE ... NOW AVAILABLE NEW DES POTENCIES FOR MASSIVE DOSAGE THERAPY." Today these children have been told the risk of certain kinds of cancer threatens them and they live under a cloud.[12] In November of 1971, almost 20 years later, the FDA Drug Bulletin contra-indicated DES is Pregnancy.

This illustrates the basic thesis of the Bradley Method, "It's not NICE to fool Mother Nature!" In medicine, everything starts out SAFE, then all too often is QUIETLY withdrawn later. We are all "experimental animals" in the overall scheme of medicine.

The average woman during pregnancy takes 10.3 different drugs; 97 percent of the women take prescribed drugs, 65 percent self dosed.[13] — all of them an **unknown** threat to the unborn baby. The medical establishment and the March of Dimes often say, "Don't take any drug ... unless it is prescribed by a doctor!" Since the doctor has absolutely no way to know if **ANY** drug is **SAFE,** what a useless piece of advice this is. The doctors of America are the biggest drug-abusers of all time, according to Robert Blake, TV's Baretta. "78 percent of American suicides are committed with prescription drugs... The doctors give out more dope than the junkies!"[14]

NATURAL VS. UN-NATURAL BIRTH

How often have you heard the phrase, "Oh, I could never go natural" or "Don't be a martyr ... a little relaxer won't hurt" or "I'm a chicken ... knock me out .. deliver the baby ... send me to the hairdresser, and then wake me up."

Quite apart from the medical risks of un-natural childbirth is the psychological hazard. The basic drive that people have to reproduce is not a new thing. The basic function of any species is to reproduce itself. Planned (un) Parenthood and ZPG not withstanding.

Ask yourself why so much empahsis on "Don't feel guilty if you..." In spite of all the platitudes on earth, if you have certain goals and can't fulfill your own expectations, you will have a problem. This is true regardless of the process involved. If you set out to win a race, and lose, all the sympathy in the world doesn't compensate fully, right?

The birth process **is** an athletic contest of sorts. Elizabeth Bing, co-founder of ASPO states "I know you'll be happy to hear that we don't intend to make martyrs of you or even athletes. We certainly believe that medication can be helpful."[15] This, if I may be partisan for a moment, is the basic difference between Bradley and Lamaze. In JOGN Nursing, March 1977, a spokesperson for ASPO stated "the description 'prepared childbirth' is more appropriate to Lamaze than 'natural' — a term that is more often associated with Bradley." Seven paragraphs are offered titled "Lamaze vs. Natural Childbirth." For years the Lamaze groups have said "we are not natural childbirth." I, for one, believe them.

I think it is important for the family in a multitude of ways to have a NATURAL birth. All the talk of guilt is interesting. Could it be that there is something important about the birth process that is SO important that those who participate in its repeal are so "hung-up" with guilt.

Dr. Bradley maintained 96.4 percent of natural births in his first 8000 births.[16] The process seems to work, doesn't it? In Montevideo, Uruguay, Dr. Roberto Caldeyro-Barcia IN A HIGH RISK REFERRAL CENTER maintains 90 percent.[17] The American Academy of Husband-Coached Childbirth has teachers all over the country who maintain 80 to 95 percent unmedicated births, year after year. THE PROCESS WORKS!

Prepared childbirth has often meant just what it says. You get prepared for what is routine. You have to set goals for yourself, become motivated. No outside person can do this for you. If you set high standards for yourself and your baby, I believe you can expect to reach your goal over 90 percent of the time. If you set low goals, you can bet that the chance of attaining anything is also low.

Guilt is a word we hear a lot about today. We are told that "if it feels good, do it;" that marriage, families, chastity, fidelity are "old-fashioned!" We are told over and over not to feel quilty. Could it be because those who are telling us not to, are? We are told that a mother in labor "shouldn't be a martyr." I wonder how many would listen to the same advice if you knew your child was in danger — suppose your young child was playing in the path of a freight train — suppose there was one chance in 10 that you could get to the child in time — suppose you might be killed yourself. Would the same do-gooders tell you not to be "silly." What more important cause is there to be a martyr for?

SOME SPECIFIC ISSUES

RELAXER

Obstetrical analgesia (relief of pain) is relatively new, relatively dangerous, and even relatively INEFFECTIVE. Many mothers report that when they were given narcotics they experienced MORE pain, but because they were quieter, they were thought to be getting "relief." The attendants often confuse "quiet" with "comfort!"

Calling a narcotic drug or narcotic potentiating drug a relaxer most certainly is malpractice, in and of itself. Heroin is heroin — and so is demerol (almost). A narcotic is a narcotic and changing the name doesn't help.

The ill effects of drugs of the baby were noted as early as 1885,[18] but most doctors want us to think they were just discovered! The average doctor, a couple of years ago, talked reverently about the "placental barrier," only one of the myths to disappear under the light of consumerism. Fox[18] reports "the fetus today CONTINUES to be the INVOLUNTARY recipient of (analgesic) agents, "ALL analgesic agents administered to the mother are capable of reaching and AFFECTING the fetus. The clinician should resist the temptation of premature and perhaps unfounded self-congratulation when an infant, not affected by these gross measures, is born to a medicated mother."

All narcotics (demerol, morphine, heroin, meperidine, nisentil, talwin, mepergan, etc.) transverse the placenta to the fetus and all exert direct central nervous system DEPRESSION on the fetus of the newborn."

Doris Haire said it well. "Many professionals contend that a 'good experience' for the mother is of paramount importance in childbearing. They tend to forget that, for the vast majority of mothers, a healthy undamaged baby is the far more important objective of childbirth. The two objectives are not always compatible. Human maternal response has not been demonstrated to be adversely altered by a stressful, unmedicated labor if the mother has been prepared for the experience of birth. To expose the mother to the possibility of a lifetime of heartache or anguish in order to insure her a few hours of comfort is a misguided kindness."[19]

T. Berry Brazelton, writing in "Redbook Magazine" says "In our medicated society we have eradicated some of the pain and anxiety but I'm afraid we have eradicated more of the excitement and joy!"[20]

As far as narcotics go, I think that's enough. As for the tranquillizers that sometimes are used with narcotics — "VALIUM IS CONTRAINDICATED IN INFANTS"[21] — need I say more!

X-RAY

Remember when X-rays were SAFE? Heck, I even remember when aspirin was safe! Remember the X-ray machines in shoe stores? Why, X-rays were so safe they even treated sore throats with them, remember. Well, a good friend of mine remembers. She had a sore throat when she was a kid — might have been her tonsils. Today, many years later, she has a **real** sore throat. She had thyroid cancer surgery just last week. Like I said, it WAS safe!

ULTRASOUND

Unlike X-ray, ultrasound is safe?Most American physicians and midwives give radiation from doptones, monitors, and so on, to almost every kid they see — or

more precisely, listen to. Many report the mother is "thrilled" to hear her unborn baby's heartbeat! Many feel it is wonderful to be able to hear the heartbeat during labor and to connect it to a machine. Nobody much seems to care that irradiating the baby MAY cause a few side effects. After all, it saves time doesn't it! And it is safe! Or, is it? A couple of the many reported side effects (in laboratory animals, I hasten to point out) are gross cranial and facial malformations, breakdown of DNA molecules, induced chromosome damage, blood stasis, liver cell changes (jaundice?), reduction of antibodies. Well, you get the idea.[22]

At NAPSAC Doris Haire reported a Dr. Susuki of Japan expressed concern over the ovum of the unborn sonnicated female children — might they be rendered sterile? Doris asked, "Will ultrasound be the DES of the next generation?"[23]

Ultrasound scanning techniques scan ultrasound energy through (or at) every centimeter of the unborn, insuring total exposure. This produces a visible record of the relationship of the child to the placenta and the mother's pelvis. In external fetal monitors, the sonar radiation may be continuous (rather than pulsed) and may bombard the infant for hours, or even days.

AMNIOCENTESIS

This is passing a needle through the mother's abdominal wall and into the uterus, withdrawing a sample of amniotic fluid for laboratory analysis. There are three major categories of risk. Fred Ettner, M.D.,[24] has reported on the risks of the procedure itself. It might be safe unless the baby is punctured (eye, scrotum, umbilical cord); the fluid leaks into the mother (peritonitis); the baby's and mother's blood mix (rh sensitization); the placenta is punctured which may lead to abruptio placenta (premature separation); or perhaps, fetal exsanguination (the poor kid bleeds to death). Is it safe? The parents must choose.

So, the first risk is that the puncturing may not puncture what was supposed to be punctured. To this risk, add the risk that the laboratory may mess up the test leading to a second attempt or a misdiagnosis. Did you know that at U.S. Senate hearings in 1975, reports showed 25 percent (one out of four) medical-laboratory tests performed in the U.S. are substandard or wrong![25] Let us assume that the punctured person survives and the lab doesn't mess up — then, what? We encounter the other two risks. First, the baby seems okay, so the doctor thinks he can schedule the delivery to fit his schedule, or yours, or the hospitals. Second, the baby is not okay. This leads to a large percentage of fetal deaths — abortions — death by doctor. They perform abortions to kill those who don't measure up. In California an obstetrician is on trial at the moment, accused of entering the nursery and strangling-by-the-neck-until-dead, a baby in an incubator whose only crime was to live through a saline abortion. MAY GOD HAVE MERCY!

DIETS VS. DIET

Have you heard Dr. Tom Brewer? If you have, you already know what's coming. If not, you should. Probably no other area of prenatal care has as great a potential for benefiting the unborn as Tom's. The basic choice revolves around the historic (and wrong!) medical advice, i.e.: avoid salt, don't gain more than "X"

pounds, take "water pills" (diuretics) or "diet pills" (amphetamines-speed) and other drugs. Don't worry, the baby is a parasite. Only a couple of years ago these were the stock-in-trade of your local baby shrinker.

The subject needs more time and space than we have here. I made a film, "Nutrition in Pregnancy,"[26] with Dr. Brewer, and Tom and Gail have written a great book, "What Every Pregnant Woman Should Know."[27] I recommend both of them to pregnant couples. Many Bradley teachers all over the country have copies of the film.

Briefly, the message is simple. EAT A GOOD, WELL BALANCED DIET, RICH IN PROTEIN, SALT YOUR FOOD TO TASTE, AND AVOID DRUGS. Remember you are, in fact, eating for two. The risks of medical science are nowhere more visible (and TRAGIC) than in the way the average doctor, too busy to evaluate the evidence, bought (hook-line-sinker) the polished, well-financed promotion of the drug industry. Tom calls this Thalidomide II. The FDA has only recently (quietly) held hearings into diuretics at Dr. Brewer's insistence. On July 17, 1975[28] "Certain Thiazides — Their Use in Pregnancy" at which many doctors, Tom among them, tstified about the use of diuretics. One even testified using these dangerous drugs ". . . is like tearing flesh from her bones."[29] Another questioned, "the unscientific manipulation of data which led to the sensational claims of the private drug industry that sodium diuretics are useful." Shanklin, editor-in-chief of the Journal of Reproductive Medicine described the "wrath of the drug industry" which descended on **him** because he refused to accept their advertising.

Funny how wrath descendeth when advertising $$$ are involved and how little mini-wrath has descended because of thousands of MAIMED AND MURDERED BABIES. At these hearings, incidently, the WRATHEES — the drug industry — did not even have one person to stand up and defend the use of these drugs. P.S. in the Federal Register Volume 41 Number 115, June 1976, under the title "Certain Thiazides," the FDA cited nine companies for "Promoting (diuretics) on NO scientific basis." Perhaps reverse-wrath is in order.

Salt your food to taste. Sound radical? Margaret Robinson in 1958 published a paper in "The Lancet" called "Salt in Pregnancy" in which she compared two groups of pregnant women. Each group has about 1000 women — one group had the traditional "low salt" diet; the other group got lots of salt, even salt tablets!

In the **low** salt group, there was more swelling, more toxemia, and most tragic of all, twice as many babies died!

Your doctor would never use this dangerous routine — would he? Probably not this year, but ALMOST ALL OF THEM DID two, three, four years ago. Funny, do you really suppose that diuretics are street-drugs. Where in the hell DID TWO MILLION pregnant people a year get them if not from the doctor? P.S. if you think you may be a victim of Thalidomide II, contact the SPUN Litigation Center.[29a]

"Nothing is known, Tom's favorite quote from the establishment, is nonsense. In 1941 Winslow Tompkins published a controlled nutrition study — results? Control Group/Nutrition Group — pre-eclampsia 59 to ZERO; Eclampsia five to ZERO; prematures 37 to ZERO. Infant mortality 54.6/1000 to 4.0/1000. This was published in 1941 and many, many, many similar studies since then. If you look at the data one way, a good diet could have saved 50 babies out of 1000. If you look at the same data with a different point of view — something or someone

KILLED 50 babies/1000. Each of these kids was a human being. Each had parents. Each could have been president of the United States, or whatever. It's hard to be unemotional, isn't it?

JUNK

This section has two meanings — junk food and junk junk. To begin, junk food is a recent catch-phrase — but in pregnancy, food is critical. Pure is a word that, in the past, denoted something good. Today when you hear the word, think twice. Pure sugar is an over-refined substance that is actually an anti-nutrient. Pure white flour is flour with all the neat goodies taken out. Low-fat milk merely means that the valuable ($$$) part of the milk is gone — more profit for the dairy. Remember when a high butterfat cow was the prize animal? She still is, only you get the leftovers. Food additives are an area under increasing pressure — finally!

Smoking and alcohol are major threats to your baby. Surprise! Surprise! Remember when three out of four doctors smoked Camels? Remember men on TV with white coats and stethoscopes telling (selling) the ADVANTAGES of smoking? If you smoke, try to stop — or cut WAY down. It is hard, but if you only knew how much it hurts your baby. Also, if you do smoke, eat an even better diet than a non-smoker. This may help compensate a bit!

If you drink a little, why not wait until after the baby is born. Many books told the benefits of a "little drink" for the pregnant "child-woman." You remember how the medical profession talked down to parents as if they were children. It was thought that the pregnant woman is to immature to control herself and should be "controlled" with tranquillizers and alcohol so she could "get through" pregnancy.

Junk is also a term for street (illegal) drugs—heroin, mainly. While there are pregnant women who take heroin, I doubt if they are going to wade this far into **this** book. But, a LOT of pregnant women I have met think they can use a little grass or other drugs. Dr. Bradley says the baby gets about 20 times more of **anything** than the mother (140 lb. mother, 7 lb. baby). In view of this, do you want your baby to get 20 times as high? An adult will most likely decide to postpone these crutches for the sake of the baby. If you could only see and get to know your baby, you would certainly realize the special vulnerability of babies and nothing on earth would induce you to give your baby drugs.

HERBS

Today there is a growing tendency to take drugs in the form of herbal remedies. Many midwives and nature-oriented people believe in certain teas and other remedies. But, remember Dr. Bradley's warning — 20 times more for the baby. If a cup or two of coffee can keep you up at night, what does 20 or 40 cups do to the baby? If a certain tea relaxes you a little, how relaxed is the baby? Remember, many drugs are MORE powerful to the baby than to the mother. There are other, non-chemical treatments for nerves, tension, headache — why not try a nap? Or, a massage? I often hear the argument that if it's herbal, it's natural and it's safe. Garbage! Heroin comes from poppies and we all know how safe it is!

EXERCISE

Rhondda Hartman has written a whole book on the subject.[30] All I can say is — the better physical shape the mother is in for the birth, the better. Birth is a tiring athletic event which calls for the utmost in endurance. Bradley classes all over the

country teach the exercises we have found to be helpful. General exercise and overall good health is just as important as specific "childbirth exercises!" A word of caution. I believe, and certain medical authorities seem to show,[31] that lying on your back during pregnancy is a poor idea. I suggest that you find ways to avoid lying on your back as soon as you know you are pregnant.

Dr. Arnold Kegel was an obstetrician who worked with the puboccoxygeous muscle, the vaginal sphincter that surrounds the urethra, vagina, and rectum. An exercise program aimed at this muscle is a great aid to pregnant ladies. If the "kegel" muscle is in good tone before the birth, it is less likely to be damaged or cut during the birth.[32]

ENERGY

Along with the concept of exercise goes the concept of energy. Having a baby is likely to be the hardest work a woman will ever do! So rest is also important. Exercise is not necessarily in conflict with this. Have you ever noticed how much better you sleep after, say, an evening swim? At times you can be emotionally tired, but can't sleep — right? Also, many childbirth methods teach techniques to distract the mother — "funny breathing," (as Dr. Bradley calls it) or "tummy rubbing," or simply keeping your eye muscles fatigued by starring at a focal point, can detract either slightly or drastically from the amount of energy the woman has to deal with her birth. The Lamaze method creates its own "energy crisis" channeling so much energy into distraction. Perhaps this is why Pierre Vellay, the leading spokesman for the Lamaze method internationally, speaking at the ICEA Convention in Anaheim, California, reported with a slide which "demonstrates that if you leave the woman alone, labor will continue for a long time; help her and there is a shorter time — we give medication in 65 percent of cases." His translator, a doctor, very emotionally said "...in the first stage of labor is the woman who goes 10, 12, 20, 36, 52, 72 hours. WE HATE THIS, as ob/gyns. THIS IS HORRIBLE. This is the type of obstetrics we detest completely. We think the ideal method is to shorten the first stage. We like to augment. We like to stimulate. Instead of a first stage 8, 10, 12 hours, WE LIKE TO SHORTEN THAT TIME!"[34] If you teach a method that exhausts the mother artificially, you get an energy crisis.

The fact is that mother nature provides ON THE AVERAGE 12-14 hours of labor. To think that our intellect is superior to nature is absurdity. We have little real idea what labor is all about. The textbooks say first stage is designed to dilate the cervix. This cannot be all that is involved. The cervix can, and sometimes does dilate within a few minutes from say, four to five centimeters to complete. So why the extra 12 hours or so? Is it just barely possible that we have NO IDEA WHAT LABOR IS? By hurrying the dilation we may be short-circuiting other processes that are even more important. Is it possible labor is good for the baby?

ENVIRONMENT

Lately there is a sudden interest in the environment for the birth itself. A French OB, Fredrick Leboyer, has made us all more aware of the feelings and sensitiveness of the new baby.

I feel that we have gone overboard trying to create an abnormal environment for birth. Darkened rooms, hushed mothers, very warm temperature, these are OUR intellectual trips, not nature's. Consider that the baby is not coming from a

quiet place, but probably the noisiest place on earth. Consider that the normal chilling of the baby by room air is NATURE'S way to stimulate respiration, and also the normal chilling of the baby may not be a threat (as almost all pediatricians and OBs seem to think). It just may be a response mechanism, not the threat itself. Consider the absurdity of a grown, thinking person cutting off the only source of oxygen (umbilical cord) from a newborn in order to "get the baby to a heater" when nature may be trying to chill the baby to reduce its need for oxygen. Symptomatic medicine often ignores the disease and tries curing the symptoms.

I am not a doctor so I don't speak with authority on matters, medical. I am a photographer and feel I know something about light. The idea that the baby needs a dark room doesn't fit with what I've seen at births. I've seen newborn babies looking at me before they were even completely born. The eye has an iris which adjusts to light. The baby sees in the uterus, or at least reacts to light.

The depth-of-field is a concept in photography which shows that with more light, the iris closes somewhat which makes the area in focus larger. The newborn has no experience seeing at a distance and needs all the help it can get. IT WILL SEE BETTER IN A WELL-LIT ROOM. Just what the baby will see and why it is important we will look at in "BONDING."

One last point, on January 27, 1978 UPI moved a story on the press wires of America warning the hospitals about the use of heaters — radiant warmers often used to bake the newborn. In many hospitals the same kind of fixtures are still in place that heat the french fries at McDonalds. The American Academy of Pediatrics warned more than 13,000 heaters have been sold in the last 10 years. "They are stock items in most delivery rooms." The hazards include first-degree burns, hospital paging systems may interfere with the temperature control, possible cataracts, corneal opacities may result from infrared light. Add to this the very real terror and pain (headache) of being imprisoned under a heater when you can't turnover or shield yourself.

INDUCTION OF LABOR

Artificially beginning labor, usually with oxytocic drugs, is called induction. Augmentation or stimulation is to make an existing labor faster. Many doctors seem to confuse the two. Rarely does an induction stop with induction. Usually the labor is hurried along with additional hormones.

Is oxytocin safe? The Minnesota Maternal Mortality series analyzed 164 maternal deaths. Oxytocin was used in 63 (38 percent). In 25 cases oxytocitics were the direct or contributing cause of death! Sixteen of the 25 were considered preventable![64] I wonder how many of those ladies would today be mothers if they knew what you now know.

However, in spite of the danger of induction, one U.S. hospital announced a few years ago that it will hereafter only be open for OB between 9 and 5. They claim to have a SAFE! method of inducing, and have served notice on Mother Nature — she better cooperate! Absurd, yes . . . but true![35]

The dangers of induction include: The baby may not yet be ready, the mother may not yet be ready, the rate of drugs may be too high, rupturing the uterus, the contractions may be too strong depriving the child of oxygen.

Dr. Bradley has in his book an illustration of an apple tree. Although ALL the apples are the same age, have the same mother, share the same nutriton, they do

not all ripen at the same time. The gestation of the human being is variable. Some babies "ripen" in eight to eight-and-one-half months. Others take 10, 11 or more. Neither is sick or in need of medical help — just different. Take your due date and consider it an estimate, at best an educated guess. And for you baby's sake, don't hurry. There are many **pediatricians** who think the "postmature baby" is an over dramatized risk anyway!

If your obstetrician thinks you should be induced, find out why. If you have any doubt, ASK YOUR PEDIATRICIAN FOR A **WRITTEN** CONSULTATION. Most OBs claim total ignorance of the baby after birth; why do we let them make life and death decisions about unborn babies. I think you'll find it hard to find a pediatrician who will PUT IN WRITING, that your baby is ready to be born! Even some of the best guesses — supported by Amniocentesis, ultrasound, X-ray and everything else known to man — HAVE BEEN WRONG BEFORE.

EATING

Hard for some people to believe, but obstetrics has come to believe that, even food itself may be hazardous to your health. At least during labor! This incredible belief comes from the recent "Dark Ages" in OB where almost all mothers were part of what Dr. Bradley calls "Knock-em-Out, Drag-em-Out" obstetrics. In the dimly remembered past — way back when some of **our** older kids were delivered — EVERYBODY GOT GAS. Remember, it WAS safe then.

When a mother has general anesthesia, there is a chance that she will throw up and aspirate (inhale) the stomach contents. This is a medical tragedy that claimed many mothers' lives within the personal experience of most of today's OBs.

However, in the Bradley Method, better than 90 percent can be expected to have a natural birth. If 90 percent of mothers are denied food or drink, you can practically guarantee a larger percentage of Cesareans, forceps, etc.

Now, in very active labor, most women lose most of their appetite anyway and the digestive process seems to slow or stop. Many of the braver birth centers have begun to allow the women TO DECIDE FOR THEMSELVES, if they are hungry or thirsty. Revolutionary, what? Clear liquids or a soft diet may be advantageous.

ENEMA

Nature has provided that early labor is a laxative for most women. This empties the lower part of the bowel making more room for the baby. The "knock-em-out" era brought a host of "routines," each more insulting than the last. This was the last bastion of self-control. No longer could women "be allowed" the privilege of going to the bathroom. They were strapped flat on their back, given an enema and a bed pan, and then cursed at if they messed the linen.

Once in a while the enema stimulates labor and hurries the process. But, why hurry? Also once in a while (often) the enema gets trapped behind the baby's head. This gives the new mother the feeling of terrible constipation along with her contractions. Then, the beauty of birth is accompanied by the screaming of an irritated OB.

SHAVING

One of the other ways the value of womanhood is degraded to the "little girl" syndrome is to shave the pubic hair. When questioned about this absurd practice, most OBs would tell you that it "prevents infection." Have you ever heard that one?

Well, not only does it NOT reduce infection, it actually increases it. Why was it ever begun? The only explanation I've heard is that in the early part of this century the only patients they could get to come to the hospital at all were from the slums — many with lice! So, if YOU have pubic lice maybe then you SHOULD be shaved.

CERVICAL OBSTETRICS (What Is Labor, Anyway?)

Often, the birth attendant judges the progress of labor by the palpitation (touching) of the cervix to determine the "dilation" (opening). Judging the labor by the measurement of the cervix is sort of like measuring an iceberg by the small part above the water!

The cervix is amazingly supple, and any experienced birth attendant can relate many stories of women that have gone from three, four, or five centimeters to complete (10) in a very few minutes. Nature must have had something more in mind than cervical dilation, or else labor would only last a few minutes — but the average labor is around 12 hours — why?

It is possible that the period of labor is very important to the baby and mother for other reasons than just to expel the baby! In Dr. Bradley's practice, even when he knows a woman must have a Cesarean section, he still insists on a period of labor. One reason is to insure that the baby is ready to be born. Often in Cesareans, babies are delivered too soon. (Many doctors have yet to learn they cannot accurately predict the size of the baby and, because they have not yet recognized their lack of understanding of the process, many Cesarean babies are "Iatrogenic" (doctor caused) prematures!

The period of labor prepares both mother and baby for the transition from pregnancy to mother/childhood. Many subtle things are happening during this period. In a few years, as we may begin to see that we don't know enough about the "basics" of labor, someone may begin to produce much of the information that is at this moment unknown.

Some of the possible explanations for this length are: 1) a period of warning — a signal to prepare a safe place and obtain protection; 2) a period of tactile stimulation to prepare the child for extra-uterine life; 3) a period of hormonal adjustment for the mother, to allow time for her physiology to be stable during this tremendous change; 4) a maturation of the lungs and respiratory system for the baby; 5) a period of psychologic preparation. We know now of the unique importance of the first hour **after** birth. What of the labor itself?

It is possible that by scheduling births or by HURRYING them, we endanger mother and child. If a mother has a six-hour second stage, we assume the baby is ready and her uterus is malfunctioning. Is it possible that perhaps the baby is **not** yet ready and nature wants this child to receive extra stimulation in the birth canal. I think this is possible. I have personally observed several births with very long second stages and, in each case the baby appeared to have BENEFITED from the experience although the adults involved suffered confusion and frustration. IT'S NOT NICE TO FOOL MOTHER NATURE.

Our "uterine view" of labor is simplistic, mechanical and dangerous. A slow labor often leads to intervention which often leads to damage. After this kind of cycle, the mother is told her baby was "saved" and would surely have died. In

actual fact, most obstetricians have never ALLOWED a multi-hour second stage. Their theories tell them to hurry. But, they have no idea what harm can come by accelerating the birth.

I have seen babies who were nearly 25 minutes between the birth of the head and the birth of the baby. I have yet to see one of these that appears damaged. Yet, most baby "catchers" feel this is "awful" and some experienced home-birth practitioners brag that they never "allow" over 45 seconds between head and body. What is their rush? The myth of the "fragile fetus" pervades modern obstetrics, and assembly-line hospitals and home-birth attendants have convinced themselves that HURRY is important. Of course, to them time is money — to the baby, he has all the time in the world. The old midwives used to speak of prolonged labor as "a lazy baby." Perhaps they were right.

VAGINAL EXAMS

The over-emphasis on the cervial dilation has given enormous emphasis to the vaginal examination. In the ninteenth century, the "touch" was described. The internal examination of the cervix was performed under drapes. The male doctor is pictured avoiding any eye contact with the genitals or the woman's eyes. In the middle of this century, Ignacz Semmelweiss, a physician in Vienna, discovered and proved scientifically that puerperal sepsis (childbed fever) was an infection introduced into the woman through "the touch."

Curiously, there never seems to have been much discussion about abandoning this fatal practice. In 1883 at Boston-Lying-In Hospital, 75 percent of all mothers had childbed fever and 20 percent died of it![37] The only approach the "scientists" of that century seemed to explore was how to make the examining finger(s) sterile. It seems so simple to merely not do any "touching" but that was not an acceptable approach.

Somehow man's ego just will not allow the birth process remain natural. We are always trying to improve nature. It is important for people to realize that it was not birth itself that was causing these staggering numbers of iatrogenic (doctor caused) tragedies. The medical establishment hasn't made birth safer — it has only reduced the number of mothers killed to an acceptable number.

Today the risk of infection is lowered by better technique and, most importantly by penicillin and more effective treatment. Indeed, the infection rate is still staggering in some of our hospitals, but rarely does anyone die anymore — the drugs "save" them.

The biggest risk today of vaginal examines is that our ego-oriented culture teaches "management" of labor. If the labor process is not yet understood, how can anyone say what is abnormal? Today we have "curves" to follow the cervical dilation. Learned birth attendants "manage" labors to attempt to force them all into a mold.

If the cervix stops dilating, the worst is assumed. Labor, it is taught, must be a continuous process. If dilation stops at five or six centimeters and contractions continue, our ignorance of the process leads often to C/sections for "disfunctional labor." We just don't yet understand the process. If a cervix becomes "complete" then the mother is instructed to "push!" Is it possible that in some labors the first and second stages SHOULD be on separate days? Many mothers who have reported pain in the second (pushing) stage of labor will also tell you they had no

urge to push, and the doctors told them they HAD to push based on an internal exam. Just what awful thing is supposed to happen if the cervix dilated and the baby is not quickly ejected is never explained. We live in a mechanical, production-line oriented world. If the door is open, use it quick!

Perhaps this mother should have taken a nap. Perhaps the labor process had not yet finished even though the cervix was 10. Where do we get the idea that labor is a manageable process, anyway. The hormones and manipulation that go with this orientation are harmful, dangerous, and VERY painful. Ask any mother who has had them!

Other hazards of the vaginal exam are: They are painful and interfere with relaxation; they may (accidentally?) rupture the membranes; they often cause a woman to lie on her back, depleting the oxygen supply to the baby; they are undignified, degrading and, very possibly, none-of-our-business. If Mother Nature wanted the cervix inspected during labor, it would be on the outside.

IVs

Everyone who has ever seen EMERGENCY, or other TV-MD shows, has been introduced to the IV — D5W, Ringers — the modern-day medicine man has his cure-all. No matter what the complaint — from heart attack to being run over by a freight train — the TV "cure" is an IV.

The use of IV (intravenous) solutions in labor is, of course, a recent development. The theory behind them is that they 1) provide fluids for the mother and baby; 2) provide a route of administration for the unnecessary drugs and hormones that the "managers" think are necessary.

The dangers are that the mother may be deprived of nourishment by giving her the glucose in an IV (which is hardly a balanced diet). She may not even be allowed to sip fluids, guaranteeing an uncomfortable, at-risk mother to be "managed." The second risk may be even greater now that they have their pipeline in place. They may want to "use it " and administer all manner of junk to the pregnant pair.

The third and latest (yet!) risk is that the glucose given in the IV has been shown to make brain damage in animals easier.[52] The natural process provides that the serum glucose goes down as labor becomes longer than average (not than normal). The "manager" wants to keep this level high! The higher the level of glucose, the greater the infant's demand of oxygen and the sooner brain-damage occurs.

Also, the electrolyte balance of the blood and body are disturbed by fluids and salt in the solutions. We have no idea what the natural body chemistry is. We should not "manage" it.

FETAL MONITORS

The electronic fetal monitor is an experimental device — the "manager's" dream come true . . . the perfect tool . . . the means to remove the business of obstetrics from the realm of midwivery and cloak the profession with the "aura of science!" One of the published benefits of this machine is that it has helped fill the obstetrical residencies of U.S. medical schools.

The fetal monitor records, on paper, the infant's heart RATE, and the contractions of the uterus of the mother. The assumption is that the heart rate tells

you how the baby is reacting to labor. There is some argument that the FHR (fetal heart rate) may not be a good indicator of the health of the baby in the first place. Within a few years the current fetal monitors may well be replaced by a second generation that monitors the p02 of the baby recorded from an electrode glued to the baby's scalp.

External monitors use ultrasound-doppler devices to bombard (irradiate, sonnicate) the baby and determine the FHR. The uterine contractions are sensed by a pressure gauge attached to the mother's abdomen.

Internal fetal monitors measure the FHR by screwing a small electrode into the baby's scalp (buttocks, fontanel, eye, scrotum?), or presenting part. The uterine pressure is recorded by passing a tube INTO the uterus and connecting it to a gauge.

Internal monitors require the membranes to be ruptured (more on the joy of this one later) and present a greatly increased risk of infection. They can also produce a very normal-looking graph after the baby has died. They do produce a more reliable graph and do not require the mother to lie on her back.

External monitors generally require the flat-on-the-back position or, at least, the mother remain immobilized. The external monitor can produce poor graphs and lead to misinterpretation and unnecessary interventions.

The scalp electrodes have caused 4.5 percent scalp abcess in the babies[38] . . . but are generally regarded as "safe." After all, X-rays **were** safe, ultrasound **is** safe? What's an abcess or two compared to a device that triples the rate of Cesarean sections...right?

The biggest fear I have about the machines is not the ultrasound (which may be used for DAYS in long labors) or the risk of infection or puncture. I worry about the excuses this device has made for the "managers" to interfere with labor. The rate of C/sections has tripled almost overnight at many hospitals upon the receipt of their first fetal monitors.

If you have a baby who had any difficulty at all during birth, by all means, get a copy of your medical and monitor record. The medical profession would rather the patients (how long must we remain patient?) never find out the supreme and lower courts have held that YOUR MEDICAL RECORDS BELONG TO YOU.

You can see, right on paper the results of interventions — drugs, hormones, rupture of membranes. All these show up clearly on the record and will form the basis of some dandy lawsuits. If a baby is fine, the doctor gives an epidural anesthetic and the mother's blood pressure falls, is corrected, and the baby "delivered." All of the effects of this "management" will be right there on the paper. I wonder what the jury might decide when confronted by a damaged child and PROOF that the epidural anesthesia created a gross insult?

I have encountered many women whose babies were "saved" by fetal monitors. There were never as many babies at risk, or died in labor, than were "saved" by technology! Often a mother's birth story goes something like this: "I got to the hospital and I was doing just fine. They connected me to this marvelous new machine just in time. Thank God for the machine! It saved my baby! No sooner had they connected me to the machine for a little while than a problem showed up. Without the machine they might not have known in time. My doctor says they lost

many babies in the old days because they missed the kind of problem my baby had. They rushed me down the hall and did an emergecy C/section and SAVED my baby."

Have you heard this one or some variation of this story. I have — dozens of times.

In order to connect the mother to the internal fetal monitor, they have to BREAK the bag of waters — if it is still intact. When the bag is broken, the cord may prolapse (fall out) with the water. If the baby has a cord around the neck or any place, it could get squeezed. The cord is put under tremendous pressure by the breaking of the bag. The bag of waters is a protection for the baby.[39] It helps EQUALIZE the pressure of the contractions on the baby. Without this equalization, the baby is placed more at risk. When the monitor is first attached it will probably show a normal pattern for a short time while the pressure builds up and the baby becomes more starved for oxygen. After a time the baby's heart begins to show "decelerations" or "dips" which "indicate a lack of oxygen supply to the fetus."[40] The another Iatrogenic (doctor caused) salvation is at hand. The doctor "saves" the baby. He, of course, bills extra for this service!

Doctor Albert Haverkamp[55] has done a study proving the fetal monitor triples the Cesarean rate with no improvement in infant outcome. Until someone PROVES it safe and effective, the monitor remains an experiment — even if it is universally used. Our babies are the guinea pigs in this global "experiment."

FUNNY BREATHING

No, this is not the type of breathing done by obstetrical clowns! Way back, in the dawn of modern OB care, before Dick-Read — or Lamaze or any of the names we know — respiration, breathing became associated with the birth process. In 1956 Fernand Lamaze, a French obstetrician, published "Painless Childbirth,"[42] an instruction in the Lamaze method largely ignored by those who followed and "borrowed" the Lamaze name.

Dr. Lamaze describes the Lamaze method . . . dating back to Dick-Read and Velvosky and Nicolaiev, basing much of his method on Pavlov, and the theory of conditioned reflexes . . . seeking to create a new reflex he called "the contraction-respiration reflex." His criteria set, as a goal, COMPLETE ABSENCE OF SENSATION.[44]

The "breathing" was described as ". . . DIVERSION away from foci of pain represents an analgesic!"[43] "They help with the oxygenation of the blood."[43] The pregnant lady was instructed to "imagine a burning candle some two feet away. Blow on it to bend the flame without putting it out."[45] No wonder one of his patients said ". . . the obstetrician was the conductor; I was the first violin."

Since Dr. Lamaze's book, others have redefined the "Lamaze method." They have included such respiratory symphonies as the "pant 5 and blow," "pant 4 and blow," "pant 3 and blow," "pant 2 and blow," the famous "pant-pant-blow" and the "pant-pant-blow-blow" sometimes erroneously called the "choo-choo." NO WONDER DOCTOR BRADLEY CALLS THIS FUNNY BREATHING. It looks funny, but . . . it isn't funny at all.

In the fall of 1977 . . . ASPO, the largest (but by no means only) Lamaze organization in the U.S., published a booklet for physicians. In it, the outrageous statement is made: "Studies have shown that hyperventilation of the non-

anesthetized woman does not cause hypoxia (lack of oxygen) or acidosis (shift in pH) of the infant. This statement is made with no explanation or justification. The same booklet, however, states that "the couple is aware of the SYMPTOMS as well as preventive measures — the laboring woman will either breathe into her cupped hands or a small paper bag." You tell me, if **they** believe this "sales pitch," how come they use the term "symptom" to describe the effects of hyperventilation? Webster describes symptom as ". . .any condition resulting from a DISEASE. . ."

Let me tell you of some of the studies that have been published in this area. The prestigious British Medical Journal "THE LANCET" in February of 1966[47] published a paper showing ". . .hyperventilation of the mother with or without supplemental oxygen significantly REDUCES rather than improves the oxygen supply to the fetus." Might this not be called hypoxia? As recently as 1978 a journal published an article in which Dr. Gosta Rooth "cautioned" that "maternal hyperventilation during labor can precipitate fetal respiratory and metabolic acidosis. . ." and ". . . a pH drop in the fetus AT LEAST TWICE that seen in the mother."[48]

In the American Journal of OB/GYN "Hyperventilation . . . is an integral party of Lamaze's technique for painless childbirth . . . causes maternal hypotension and PROFOUND ACIDOSIS in the fetus." [49]

The biochemical arguments against "funny breathing" go on and on. The simplest and most important hazard of this technique is that COMPLETE ABSENCE OF SENSATION . . . SHOULD NOT BE THE GOAL AT ALL!

The woman in labor needs all her energy to give birth. There is no reason to ask her to do anything other than labor. Distraction does reduce pain, but labor is hard work, not trauma. Even if "funny breathing" was safe (which it isn't), it still is UNNECESSARY and, therefore, a hazard!

Today many Lamaze teachers teach a "modified" Lamaze which Dr. Lamaze would hardly recognize. These people have often created their own techniques and CALLED them Lamaze. But, they cling to "breathing" as an important "tool" (whatever that means) and often fails to acknowledge Dr. Bradley as the "Father of Fathers". Although Dr. Lamaze did have fathers at some of his births, the father was an observer. The "Monitrice," a professional labor coach, and the doctor were in charge.

EPISIOTOMY VS. TEARING

Williams Obstetrics describes episiotomy as the most common operation in obstetrics, second to cutting the umbilical cord. Why is this? The episiotomy is a surgical (scissors) cut in the skin between the vagina and the rectum. Williams' lists four reasons[50] for doing this procedure: 1) straight, clean incision vs. ragged laceration; 2) spares the baby's head from being a "battering ram" against the perineum; 3) shortens the second stage of labor; 4) reduces the chance of third degree lacerations (serious tears).

Many doctors believe in episiotomy for **every** birth. Let's examine this and see. First, episiotomy is a useful procedure once in a while, especially if the baby is in distress. However, in a conservative practice for the year 1976 in 300 births, the incidence of episiotomy was two percent.[51] that's quite a difference!

Reason Number 1: Is a straight, clean incision easier to repair, or does it heal

better? When is the last time you got a "paper cut." Did it heal fast (mine don't)? Some doctors that do few episiotomies have learned to repair a few tears and have been surprised to find that they are NOT harder to work on if you know how. The skin tears through the weakest part, while scissors cut indiscriminately and the muscle (Kegel) is often cut through, leaving a life-long problem.

Reason Number 2: "Battering Ram Theory". No doctor of medicine could possibly believe that perineal tissue is more of a threat to the baby than the cold, hard, unforgiving steel blades of obstetrical forceps, could they?

Reason Number 3: "Shortens the Second Stage." Undoubtedly true. Where is there any PROOF that the second stage should be shorter? (See Cervical Obstetrics.)

Reason Number 4: "Reduces tears into rectum." The problem with this one is that many doctors see their episiotomies extending into the rectum all the time — one in ten, or so — and they are convinced that tearing was inevitable. They don't (are not trained) to consider that the episiotomy weakened the area and made the tear possible. Many busy natural childbirth doctors go years between such lacerations.

Doctor Herbert Ratner, speaking at NAPSAC, said, "Apparently, God, who could make a tree knew not how to make a perineum." He did okay for chickens, goats, but he really "blew" it with ladies' bottoms.

Routine episiotomy and repair makes about as much sense as repairing the hymen after every intercourse.

FORCEPS

I have already commented on the softness and wonderfulness of forceps. Let me share with you a newspaper report Tom Brewer sent me last week. "XXXX County Coroner XXX XXXXX has ruled the death of an infant as an "OBSTETRICAL MISADVENTURE" among the 102 deaths he investigated in 1977. The infant died about 18 hours after her DELIVERY in XXXX Hospital on October 12, 1976. According to her death certificate the cause of death was listed as acute blunt force from an obstetrical instrument (forceps) resulting in a depressed fracture of the skull and acute brain trauma. In an additional written commentary on the infant's death, XXXX stated that the death was "preventable" and that "physician error in judgment and physician error in technique" had taken place.[53]

POSITION FOR BIRTH

"A more or less upright position was used in antiquity, through the middle ages, and until the mid-eighteenth century" reports study published in Obstetrics and Gynecology in March 1958. More recently Dr. Roberto Caldeyro-Barcia, president of the International Federation of Obstetricians and Gynecologists has stated that next to being hung by the feet in labor, the flat-on-the-back position is the worst for labor.

WHEN WILL THE MEDICAL 'PROFESSION' BEGIN TO CORRECT THE IATROGENIC (DOCTOR CAUSED) PROBLEMS THEY CREATE? How many

women have needed Cesarean sections because it was more comfortable for the STAFF to have them on their back? Almost every textbook on OB ever printed warns that if the mother's blood pressure drops — get her off her back. Yet almost every labor in the US is done on the back, and almost all DELIVERIES. In our film "Obstetrical Intervention" Dr. Caldeyro-Barcia showed that the size of the pelvic outlet increases by over 10 percent by squatting. Just imagine how many Cesareans could have been avoided!

AMNIOTOMY

This is the medical term for artificially breaking the bag of waters. It has become so common that almost every woman in this country has had it done. Usually all that was required is the woman be, for sure, in labor. It does speed up labor a little (about 35 minutes) and the known risks have been listed as: 1. Cord could prolapse (come out) with the water; 2. Risk of infection in membranes are ruptured more than 24 hours; 3. Failure to work; 4. Bleeding (mother or baby); 5. Placental separation (caused by sudden reduction in pressure); 6. Embolism (rare, but fatal)[62]

No mention is made of the effect on the baby. The bag of waters acts as an equalizer of pressure on the baby, absorbing and distributing the force of the contractions evenly. Dr. Caldeyro-Barcia has reported the increase of swelling, moulding, hemorrhage, brain damage in children exposed to this procedure.[39]

Also Dr. Mehl has questioned the scientific basis for the "belief" that the time limit between rupture and delivery must be less than 24 hours.[63] In one study, there was no increase in risk until the 4-14 day period was reached.

DELAYING BIRTH

If the doctor is not there, the hospital staff often delays birth by one of two harmful and potentially damaging techniques. First, the mother is told to "pant." We have already looked at the risk of this technique. The baby may be hyperventilated just at the very moment it is most harmful. If you have ever tried to hold your breath longer than someone else as a contest, you know that if you breathe OUT (exhale) you can hold your breath a little longer. This is because the desire to breathe is controlled, not by oxygen, but by CO_2. The hyperventilated baby may not WANT to breathe, even though severely in need of oxygen.

The second technique, believe-it-or-not, is to put the woman's legs together. Often this is done by tying her legs together with the sheet. I know this is hard to believe. Many doctors, of course, would never allow this to be done. But, remember, the doctor is not there. Even though it's hard to believe, I know many babies who got this "treatment".

The president of United Cerebral Palsy warned that holding back babies "is resulting in brain damage."[56]

ANESTHESIA

Unmedicated birth can be painful, but the effects of drugs may cause pain for a lifetime. All anesthetics are dangerous, and it is beyond me why learned doctors can't accept the alternative of no medication. Unless absolutely necessary, drugs are an un-acceptable risk. In a **high-risk** center Dr. Caldeyro-Barcia has reduced

the percentage of patients receiving **any** kind of drugs to 10 percent — Dr. Bradley, in his practice has 96.4 percent unmedicated . . . it can be done, anywhere.

CUTTING THE CORD

A controversy exists over the proper time to cut the cord. Those who are in a hurry often cut the cord seconds after birth. The common belief in our society in that the cord cutting is somehow associated with "turning the baby on" and that the on-off switch must be located in the cord.

What do you suppose people did before scissors and plastic clamps? Nature has also taken care of this little detail. In fact, it is not necessary EVER to cut or clamp the cord, but after a couple of days the placenta does get a little 'gamey'. If the cord is left alone, for a while, nature will determine the right amount of the baby's blood to leave in the baby. If cut too soon the blood in the placenta (the baby's blood) is lost. One researcher stated that "Early clamping of the umbilical cord is equivalent to submitting the child to a HEMORRHAGE at birth."[54]

Stripping, or milking, the cord may pose a threat to the baby, just to save time. The textbooks tell us that the cord normally continues to pulsate for three to five minutes after birth. If the baby doesn't begin to breathe immediately, the cord is bringing fresh oxygen. The cord is often cut, even though the baby is not breathing — just to allow the baby to be taken to a heater. One last thing — the cord sometimes pulsates for much longer than the books say. At Ann's birth the cord was still pulsating at 20-45 minutes — be patient. IT'S NOT NICE TO FOOL MOTHER NATURE!

BONDING - NURSERIES - SILVER NITRATE

The first minutes and hours after birth are "special." A sensitive period exists where mother and baby form a lifetime attachment. As Dr. Ratner says, a lifelong bosom friendship. Dr. Bradley calls the nursery a "kid concentration camp." There is something so special about this initial period that everyone in the room becomes involved. At first we noticed more motherly mothers, then more fatherly fathers, and then more brotherly brothers — well, you get the idea.

Nurseries came into obstetrics to deal with the baby when the mother was knocked-out in the knock-em-out drag-em-out days. The mothers had been made so sick they couldn't be trusted with their own babies. Today, we have an epidemic of battered children, delinquent children, broken families. Today, researchers[60] have demonstrated the special quality of the early minutes, and some advocate that "allowing bonding" may reduce the incidence of later problems.

Let's look at this thing in perspective. The "allowing" of bonding will not improve mothers and babies, rather the routines of medicine have CAUSED and IATROGENIC (doctor caused) epidemic of unbonded families. Human beings have an intellect and can sometimes overcome an insult. It is posssible that some mothers, themselves "at risk," have not overcome the separation that hospitals have insisted on? In animal mothers, the baby will be rejected and sometimes killed if the bonding is interfered with.

Another way we are interfering with bonding is with silver nitrate, a caustic solution that most states require the attendant to instill in the baby's eyes. The drops kill any gonorrheal infection in the baby's eyes. Or at least, sometimes it

does. One doctor advocated, in the Journal of the American Medical Association,[57] that the mothers be treated and the use of silver nitrate be discontinued. This was because he believed the treatment is ineffective. In many parts of the world, routine silver nitrate is not practiced. It causes a moderate "chemical conjunctivitis" (irritation of the eye) usually lasting up to 72 hours[58] with an incidence reported as high as 100 percent.[59]

What the heck, babies are blind anyway, aren't they? Or are they? Many child-development books report they are, but I don't believe a word of it. Anyone who has been at a NATURAL birth can tell you that the babies often look and follow and focus on them BEFORE they are even completely born. If the parents decide (choose) to have the silver nitrate used, perhaps they could wait for a couple of hours. If the parents decide they don't need the silver nitrate, the doctor or hospital may ask them to sign a simple release 'AMA' (against medical advice) form to protect the doctor or birth attendant.

Would you believe that in Cesarean sections the babies are also "treated" even though they have not even been exposed! Such is the logic of today.

Mother nature has provided, once again, that the new baby will be loved and cared-for by a group of people who attend the birth and form a special bond to the new baby. To miss the joy and wonder of a new person's first minutes is tragic. It's not nice to fool mother nature!

BREAST FEEDING

THE VALUE OF VALUES

Mother, O Mother, come shake out your cloth
Empty the dustpan — poison the moth
Hang out the washing — make up the bed
Sew on a button and butter the bread.
Where is the mother, whose house is so shocking?
She's up in the nursery, blissfully rocking.
Oh I've grown as shiftlesss as Little Boy Blue,
(Lullabye, rockabye, lullabye loo)
Dishes are waiting and bills are past due
(Lullabye, rockabye, lullabye loo)
The shopping's not done and there's nothing for stew
And out in the yard there's a hullaba-loo).
But I'm playing "Kanga and this is my "Roo";
(Lullabye, rockabye, lullabye loo).
The cleaning and scrubbing can wait 'till tomorrow
But children grow up as I've learned to my sorrow.
So quiet down, cobwebs: Dust, go to sleep!
I'm nursing my baby and babies don't keep.

Author Unknown —

Dr. Mendelsohn said, "If breast is best, something else is worse." In this crazy world, it is considered rude to "put-down" anything. I'm sure there must be a place for bottle-feeding, but right now I can't quite think of one. The baby needs its mother and the mother needs the baby — it's that simple. The way to get "maximum benefit" from breastfeeding is to breastfeed exclusively (no solids) for four to six months AT LEAST — and then to continue the nursing for a couple of

years (until the BABY decides to wean) — to paraphrase Dr. Mendelsohn. I don't know why everyone has been afraid to tell us (parents) this. I guess they think we can't take it or something. But, that's the truth — and you know about fooling Mother.

The medical hazards to bottle-feeding are so great and so scarey (everything from pneumonia to sudden infant death) that, if there was a profit in breastmilk and colostrum there would immediately be a law passed in every state, **requiring** breastfeeding. Perhaps formulas and bottles should be made prescription items, not available easily so mothers wouldn't be trapped into the "occasional bottle" that inevitably leads to another bottle-fed baby. (Why do you suppose the formula companies suddenly have begun to advocate breast-feeding in their multi-thousand dollar ads???) The "free" starter pack that the hospitals give out (formula, bottles, nipples, etc.) should be seen for what they are — the same as the cigarette machine in the hospital corridor — an invitation to need their services again — soon!

For complete information on the womanly art of breastfeeding, contact your local La Leche League.

THINGS THEY STICK IN OUR KIDS

These include bulb syringes, suction devices, vitamin K injections, circumcision sets, billirubin lights, baby warmers — they got a million of them.

Start with the infant's throat; it is assaulted from the time the mouth appears in the belief that God blew-it again. All that stuff in the baby's mouth has got to be removed. Why? Who knows. Thousands of years before they had rubber hoses and such, the babies didn't seem to need them. Today, if a patient during a heart attack coughs, it is seen to help — but if a baby coughs he is assaulted; he gags and learns that the mouth and throat are places of pain. The natural ingestion process is stopped cold. The cycle continues. The baby must fast for 12-24 hours; then we find a new Iatrogenic (doctor caused) disease. Many babies have suffered hemorrhages due to a lack of Vitamin K that NATURE provided be manufactured in the baby's gut as soon as he nurses. Medicine would rather give him a needle. Of course, every time you puncture the baby, there is an increased risk of infection. I have heard of several babies paralyzed by these shots. Doris Haire stresses that Vitamin K (a coal-tar derivitive) has never been tested for carcinoginocity (cancer-causing potential). Nevertheless your baby will probably be stuck with this one without your even being asked.

The pros and cons of circumcision are many. The ACOG is in favor of them. The Academy of Pediatrics is against — you pick.

Jaundice, a new epidemic, is abroad in the land. Anything that you do to the mother or baby may contribute to jaundice. Vitamin K, drugs, forceps injuries, even birth-control pills two years before, have been implicated in jaundice. For many years we taught childbirth classes, and the babies were sent home from the hospital in a couple of hours. The baby wasn't seen by the pediatrician until the end of one month — surprise — very little jaundice. Today, the babies are being "examined" more frequently. Tests are being run more and more often (and the tests themselves contribute to jaundice). Babies are being placed in hospital nurseries (the worst possible place) and then bombarded by flourescent light; most often the same as the ones in your home. This costs a lot. The risk is unknown, but

there may be a problem with the burning of the baby's eyes, skin, and changes in the development.

The truth is, we know very little about birth. There are many questions, but few answers. Could it be that our whole perspective on labor is wrong? Could labor be a child-oriented process, geared to the child's needs, and not a maternal process? COULD THE TIME FOR BIRTH BE DETERMINED BY THE CHILD AND NOT THE CERVIX?

Today's answers will become tomorrow's old wives tales.

There has been too much arrogance mixed into our ignorance. Semmelweiss' peers didn't know they were killing their patients, and that was excusable. They didn't have any knowledge of the germ theory. But the arrogance that led to Semmelweiss' ouster and death was not excusable, and the **arrogance** continues today. Semmelweiss' fellow doctors took nearly 50 years to learn what he tried to teach them. They were so arrogant that they believed that "gentlemen don't have to wash their hands." Today, too many are still unwilling to listen. Dr. Tom Brewer has spent 20 years trying to get the "establishment" to listen. They call him names, and put their heads back in the sand. Someday they will understand, and many of them will have to live the rest of their lives with the guilt that will come with understanding.

Doctor Bradley has won a 30-year battle to get the husband to be where he belonged in the first place. The arrogance of his fellow doctors was classic. Read some of the old arguments against husbands today, and they are laughable. We may never know how many tragic problems could have been avoided if only they had listened.

There are many people, doctors and others out there right now, trying to be heard — will anyone listen? There may be some among you, reading this book, who are angry with me for saying all this. For this, I can only apologize. I never meant to attack any individual, although some take criticism personally. I only feel, as a parent, that the medical profession, as a whole, has failed. Parents must assume direct control over their births, and their bodies. Semmelweiss, himself, gave up the struggle to reach the doctors, and as his last, dying effort, passed out leaflets to the public, warning them not to go to doctors.

I have been accused of "scare tactics" when informing parents of the risks and choices available. We don't want to scare people, do we? If you are really interested in "scare tactics" try telling most of the OBs in your town that you don't want silver nitrate (you are blinding your baby!). Or, the experimental fetal monitor (you are killing your baby!). Or, you want to have a baby at home (you are killing yourself!). These learned persons often become hysterical when confronted by rational questions and requests. The American College of OB/GYN says that "Home Delivery (sic) is **child abuse.**" Now, HOW'S THAT FOR SCARE TACTICS?

Dr. Bresky says that "insecurity leads to inflexible positions in medicine." If your doctor is secure, sincerely rejects scare tactics, you can have a most worthwhile discussion; both of you will learn something. Medical training leads doctors to believe certain things. Lester Hazell calls these "beliefs" rather than "truths." Some of them may be factual, and some may be myths. Examining the "beliefs" may lead all concerned to a better understanding of the process and of each other. As David Stewart says "when science cannot so much as tell a mother exactly when her baby will be born, or what will be the sex of her unborn child, how can we expect science to provide reliable guidance to a mother in the midst of labor? The answer is simple, IT CANNOT!"[40] Statistics from the Gregory White, Mayer Eisenstein practice in Chicago for 1976 covering a total of 300 births give you some idea of what natural childbirth, without unnecessary medical intervention can do — Cesarean rate 2 percent; transfer from home to hospital 4 percent; prematurity 2.5 percent; episiotomy 2 percent; and ALL OF THIS ACCOMPLISHED WITH 50 PERCENT FIRST—TIME MOTHERS.[61]

If your doctor or hospital doesn't have similar statistics, you might consider talking to them. If you meet rational objections, consider them carefully. I may be crazy — right? If you meet hostility and ridicule, then you know what you are up against. With our fourth baby, we had to fly to Denver (from Los Angeles. . . 1000 miles) to get what we wanted. If your community has not got the kind of care you want, just remember, it is your baby — and your CHOICE!

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