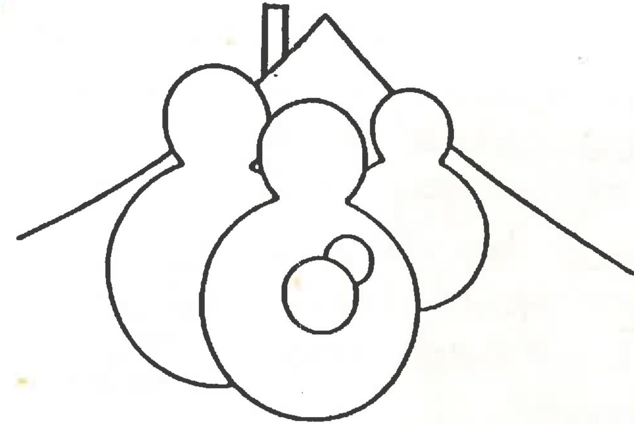
## Waikato Home Birth Association Inc.

# Newsmagazine



# OCTOBER 93

## PHONE NUMBERS:

| | | |
|---|---|---|
| Glenys Parton | 855-1842 | Chairperson WHBA Inc. |
| Sharon Sayer | 854-0475 | Treasurer |
| Anne Marie Graham | 843-4092 | Newsmagazine Editor |
| Peta Crimp | 849-0316 | Public Meeting Coordinator |
| Joanne Ridder | 843-8219 | Mailing List Coordinator |

**Home Birth House** **8340682**
**Richmond Street**
**Open: Wed, Thurs & Fri**
**from 10am to 2pm**

**Monthly meetings** of the association are held on the second Monday of each month at 7.30pm, at Link House on Te Aroha Street. For enquiries please phone Peta on 849-0316.
**Core group meetings** are held on the 4th Thursday of each month at 7.30pm at Home Birth House. All members are welcome - phone Glenys on 855-1842 for the agenda

*SENDER:*
**Waikato Home Birth Association Inc.**
**P.O. Box 12099**
**HAMILTON**

**Waikato Home Birth Association Inc. Newsmagazine 1993**

Dear friends,

We have a busy month ahead with lots of interesting things to be involved with.

As you can see we have quite a few babys born in the last two months. Thanks to Joanne & Jeff Ridder for helping with the typing and for designing the cover on their new computer. The help was much appreciated.

Daylight saving has started so we'll be able to get more done and to enjoy the sun.

Thank you to those of you that sent in your Contr utions But I need more Jokes and Birthstorys.

Wendy Kawns birthstory is in this months. and we thank you for sharing your experience with us.

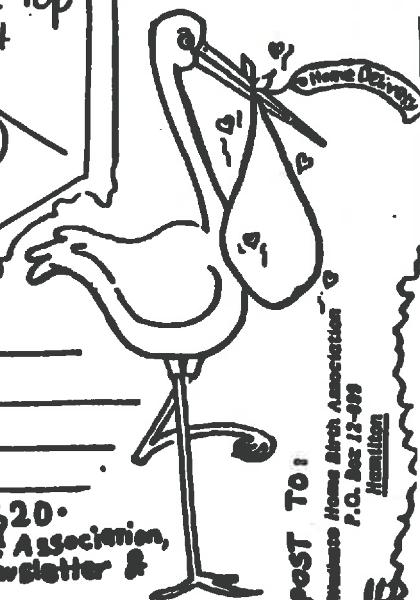
The minutes from the Inaugural Core group meeting are included and the coming events. So please be sure not to over look it.

The next meeting is held on the 11th October at 7.30pm Te aroha st link house the Topic (Life after Birth) Kind Regards Anne Marie Graham.

## MIDWIVES

| | | |
|---|---|---|
| Maggie Banks | 07 856-4612 | Hamilton |
| Belinda Beetham | 07 843-8082 | Hamilton |
| Liz Carlaw | 07 849-1000 | Hamilton |
| Fern Drysdale | 07 883-8506 | Putaruru |
| Sally Greed | 07 827-8148 | Cambridge |
| Jo Hoyle | 07 856-3966 | Hamilton |
| Jenny Johnston | 07 868-2116 | Thames |
| Cathryn Knox | 07 825-8052 | Raglan |
| Jane Orange | 07 856-6546 | Hamilton |
| Alaine Shaw | 07 871-5966 | Te Awamutu |
| Megan Spooner | 07 825-8233 | Raglan |

A green spot in the circle at the top right hand corner, on the front cover means ...... This is your last news-letter. So please re-subscribe. No green spot? Pass the slip on to a friend. Thanks!




Waikato Home Birth Association Newsletter

**SUBSCRIPTION SLIP.**

NAme: ____________________

aDDresS: ____________________

PhonE: ____________________

I have Enclosed a chq for $20.
this fee will List me as A member of the Association, it will entitle me to 11 issue's of the Newsletter & use of the Library.

## Placental localisation in early pregnancy is usually not warranted

"Placental localisation at the initial scan cannot be recommended...", according to the author of a *Lancet* editorial. Even if noted it is not necessary to order a follow-up scan in the third trimester. Localisation should be restricted to those with recognised risk factors for placenta praevia.

A low-lying placenta, one which reaches or partially covers the os, occurs in at least 5 per cent of pregnant women scanned at 18 weeks. However, few go on to have placenta praevia at delivery, probably because uterine growth exceeds that of the placenta.

The argument for repeat scanning in the third trimester is based on the observation that placenta praevia occurs in more women (anything from 1.3-17 per cent, though in one study none had the complication) with low-lying placentas at 18 weeks than in the rest of the population (< 1 per cent). Some who have found figures comparable to the normal population believe scanning again at 28 weeks cannot be justified unless vaginal bleeding or unstable lie is encountered.

A recent study suggests their opinion is correct. Since only 18 of 30 cases of placenta praevia had been diagnosed at the initial scan the sensitivity and specificity of the test for predicting clinical placenta praevia at delivery are poor. The authors of the study felt a low-lying placenta on the initial scan should be disregarded. This also prevents unnecessary worry if the repeat scan shows the placenta is still low-lying.

There are certain indications where placental localisation is necessary, however. These include recurrent or substantial vaginal bleeding, unstable lie during late pregnancy and a history of placenta praevia or caesarean section. The risk is also increased among older women of high parity.

*HOMEBIRTH SUMMER '92 / 93*



# BIRTH NOTICES

| On: | These parents: | had a: | named: | where: | attended by: |
|---|---|---|---|---|---|
| 29/6/93 | Kerry & Kevin Armstrong-Barugh | son | Tyrone | Matamata | Fern |
| 6/7/93 | Athalie & Bob Whiteside | son | Tai-Hemi | Mangakino | Fern/Jenny |
| 9/7/93 | Marea Hauraki & John Pellow | daughter | Holli | Atiamuri | Fern/Jenny |
| 29/7/93 | Christina Cram & Manfred | son | Basil | Raglan | Cathy |
| 24/7/93 | Margaret McCarthy & Steve Gray | daughter | Willow | Hamilton | Cathy/Jane |
| 28/7/93 | Maryke Petrus & Wim Barendsen | son | Liam | Tokoroa | Fern/Jenny |
| 7/8/93 | Linda & Phillip Bell | daughter | Courtney | Putaruru | Fern/Jenny |
| 14/8/93 | Marie Kaiki & Craig Paul | son | Dylan | Te Aroha | Jane /Maggie |
| 8/7/93 | Robyn & Don Baron | daughter | Tierney | Arohena | Jenny/Alaine |
| 10/8/93 | Shelley & Bob Carr | daughter | | Te Mata | Jenny/Michelle Fill |
| 29/8/93 | Dianne Nolan & Ashley Croonen | daughter | Kodi | Te Awamutu | Alaine/Fern |
| 25/7/93 | Vicki & Bruce Court-Patience | son | Benjamin | Hamilton | Maggie |
| 11/8/93 | Karen & John Gordon | daughter | Rose | Morrinsville | Maggie/Jane |
| 14/8/93 | Lesley Lorenzen & Stewart | son | Hamish | Hamilton | Maggie |
| 24/8/93 | Catherine McCarthy & Jim Fulton | son | Oliver | Hamilton | Maggie/Belinda |
| 30/8/93 | Kerry & John O'Connor | son | Kieran | Hamilton | Sally/Jane |
| 2/9/93 | Sue Cannon & Peter Buddle | daughter | Meg | Thames | Jenny/Michelle |
| 2/9/93 | Dianne & Gary Morrison | son | Samuel | Paeroa | Maggie/Jenny |
| 17/8/93 | Anne & Shane Harris | daughter | Cherie | Te Kuiti | Jane |
| 31/8/93 | Dianne Wallace & Keith Stanley | son | Kyle | Putaruru | Fern |
| 16/9/93 | Wendy Meynell & Doug McIndoe | son | Ryan | Putaruru | Fern/Jane |
| 20/9/93 | Tracey & Jason Patterson | daughter | Jasmine | Walton | Maggie/Jane |
| 17/9/93 | Victoria & Alex Wouters | daughter | Courtney | Cambridge | Sally/Belinda |
| 3/7/93 | Diana Karels & Phillip | daughter | Nina | Hamilton | Jo |
| 31/7/93 | Dianne Wellington & Peter | daughter | Erin | Hamilton | Jo |
| 14/7/93 | Anna Edridge & Steve | son | Benjamin | Hamilton | Jo |
| 11/6/93 | Kiri & Henry Halcrow | son | Matthew | Hamilton | Jo |
| 7/6/93 | Roslyn Tuckett & Steve | son | Thomas | Hamilton | Jo |
| 9/8/93 | Julia & Peter Drury | daughter | Hannah | Hamilton | Liz |
| 11/8/93 | Kate & John Meekings | son | Scott | Hamilton | Liz |
| 30/6/93 | Debra & Tony Graham | daughter | Meredith | Cambridge | Liz |

Due to the length of the Inaugural Core Group Meetings and the subsequent length of the minutes and due to the limited space in the Newsmagazine, a summarised version of the minutes will be published. The full version of the minutes is available to any member on request. Please contact Peta Crimp for these ph 8490316.

**Summarised Minutes of the W.H.B.A.(inc)**
**Inaugural Core Group Meeting**
**23rd September 1993.**

Venue: Home Birth House.
Time: 7.30pm.
Minute Taker: Peta Crimp.

Those Present: G. Parton, B. Beetham, R. McLaughlin, A. Shaw, J. Matthews, S. Sayer, J. Ridder, M. Banks, L. Cooney, C. Hussey, P. Crimp.

Apologies: J. Orange, A. Whitehead, J. Drury, A. Graham, J. McLaren.

* Meeting etiquette discussed as outlined in the written and pre circulated agenda. Adjustments were made where the group felt appropriate.

* Peta to summarise the W.H.B.A.(inc) Core Group Meeting Minutes and pass them onto Anmarie for publication in the Newsmagazine.

* The W.H.B.A. financial report to be published in the Newsmagazine annually.

* Jane proposed that Robyn Parker, (an accountant and member of the W.H.B.A.), and providing it complies with the constitution, do the auditing. This was seconded by Peta. The group voted in favour.

* Belinda Beetham to co-ordinate the next 'Sausage sizzle'. The previously arranged 'Sausage sizzle' was cancelled due to the bar-b-que not being available, and there were few people to man the 'Sausage sizzle' on the day. Jeff Ridder has a comprehensive list of all the W.H.B.A. members. It was agreed that the members be approached by phone and asked if they could assist with the 'Sausage sizzle'.

* Letters to be written to J. Trass, and D. Dando for their $100 and $20 donations respectively. This money will be put towards Home Birth Awareness week with the remainder allocated to new library books.

* The 25 page submission written for the Coopers and Libran 74 question document was agreed as too long, and not appropriate to send considering its length. It was regarded as unlikely to be read (unfortunatly). Due to the fact that a verbal submission was made, and any statement that we do send would be very similar to those of many other groups it was decided to not send any written submission. The 25 page written submission will be kept on file due to its valuable information.

* Libby and Peta have offered to buddy Glenys on the Parents Centre Support Persons evenings.

Meeting concluded at 10 pm.



# Cool it!

A number of trials have suggested that use of saunas and spas during early pregnancy increases the risk of a neural tube defect. However, the evidence has been questioned by some so a Boston group set out to compare prospectively the relationship between exposure to a range of heat sources in early pregnancy and the subsequent incidence of neural tube defects in the offspring.

The study involved over 23,000 pregnant women, most of whom were enrolled early in the second trimester. Each woman was interviewed to ascertain, among other things, environmental heat exposure in early pregnancy. Information about the outcome of pregnancy was obtained mainly from the delivering physicians.

Exposure to at least one heat source (sauna, spa pool, electric blanket, fever) occurred in 5566 women. Forty-nine infants were born with a neural tube defect.

The relative risk of being born with a neural tube defect after any maternal heat exposure during pregnancy was 1.6 Relative risks associated with each of the heat sources were ascertained. For spa pool use the risk was increased 2.9-fold, for a sauna it was increased by a factor of 2.6, occurrence of fever during early pregnancy was associated with a 1.9-fold increased risk and electric blanket use increased the risk by 1.2 times.

After controlling for the age of the mother, folic acid use in the first six weeks of pregnancy and other confounding risk factors, the adjusted relative risks were 2.8 for spa pool use, 1.8 for sauna use and fever, and again 1.2 for use of an electric blanket. The relative risk of a neural tube defect increased to 6.2 when women were exposed to two of the various heat sources early in pregnancy.

Heat is a recognised teratogen in a large number of mammalian species so these study results come as little surprise and are similar to those of the previous studies. Exposure during early pregnancy to three of the four heat sources seemed to increase the risk of neural tube defect in the offspring, with spa pool exposure having the strongest effect.

[Milunsky A, et al. JAMA 268:882-885, 19 Aug. 92]

*[extract from NZ Dr supplement 17 Sept 92]*

# Pregnant women get wider choice

Chris Mihill

A GOVERNMENT report calling for pregnant women to be allowed more choice in how they are cared for has been attacked by obstetricians as dangerous to mothers and babies, and impossible to implement without substantial extra resources.

However, the report has been welcomed by maternity groups, midwives and nurses, and called a charter for women by Baroness Cumberlege, the junior health minister.

It recommends that, in general, midwives, largely based in the community, should provide maternity care, rather than GPs or hospital consultants, who should be held in reserve for complicated cases.

Baroness Cumberlege, who chaired the Expert Maternity Group which compiled the report, said it did not promote home births explicitly. But she expected its existence would lead to an increase in such deliveries. "The report is not a charter for midwives. It is not a charter for obstetricians, paediatricians or GPs — rather, it is a charter for women."

Speaking at a Department of Health press conference, she said: "On our visits around the country, we found rigid, inflexible and unthinking approaches, wasteful duplication of services, and a total disregard for the feelings of women and their partners."

But a denunciation of the proposals was issued by the Royal College of Obstetricians and Gynaecologists. "It is suggested that all women should be seen by a midwife during pregnancy but that not all need to see a doctor. It is important to realise that pregnancy is a time when underlying diseases may become apparent for the first time in a woman's life. We consider the review of every pregnancy by a medically qualified person is essential."

There were not enough midwives available to provide the type of care proposed, and the risks to both mother and baby were "substantially greater" at home.

The Royal College of Midwives welcomed the document, as a "bold report which champions women's choice over where and how to have their baby." Christine Hancock, general secretary of the Royal College of Nursing, said: "This report offers nothing short of a revolution in women's health care."

- Evidence to suggest that cot deaths may be related to the position of a sleeping baby as well as the type of mattress and bedding used has been produced by researchers at the University of Tasmania.

They found that the risk of sudden infant death syndrome (SIDS) was 20 times greater for babies who slept on their stomachs. Mattresses stuffed with bark flake left indentations which may have permitted exhaled gases to accumulate causing suffocation, while wrapping infants in bedding before laying them on their stomachs increased the risk 12-fold.

- Almost one in three working lone mothers spends more than a quarter of her take-home pay on child care, according to a government survey.

The survey of 4,300 working mothers, done in 1991, found that 27 per cent of lone mothers spent between a quarter and half their wages, while a further 4 per cent paid more than half.

Guardian Weekly August 15 1993



## Coming Events

**Home Birth Awareness Week - 18th-23rd October.**
Happenings at Home Birth House, Richmond St

Monday 18th Oct, 7.30pm - What to expect from Midwives.
Wednesday 20th Oct, 7.30pm - Video evening.
Thursday 21st Oct, 7.30pm - The role of support people.
Friday 22nd Oct, 10am-2pm - Special Grandmothers Day
Ph 843-0682 for details.

Te Awamutu Home Birth Support Group have organised a **Raffle.**The prize is a 4-5 course Dinner prepared by a Chef in a nominated home in Te Awamutu. $2 per ticket, contact Alaine, ph 07-871-5966, or tickets available at Home Birth House. Drawn at the end of October.

**Sausage Sizzle:** Saturday 4th December, from 10am to 6pm at "Big Fresh"Volunteers required, please ph Belinda 843-8082.

## Library News.

I am planning to check/stocktake the Library books shortly. Please check your bookshelves, bedside cabinets etc for any Home Birth Association Library books that you have finished reading and return them to Home Birth House. Donations towards books or of books that you have found useful and no longer require will be gratefully accepted. Thankyou, Joanne Ridder. ph 843-8219.

LAUNCHING

# " Baby Daze"

The New Post Natal Group.

For Mum, Dad, Caregivers, and babies. While this group is set up and supported by the W.H.B.A.(inc) having a Home Birth is not a requirement for your comming along and joining in. Meeting every 2nd Tuesday morning 9.30 till 11.30. These are not just coffe mornings and a chat.

What to expect:

* Fruit Juice, Herbal Teas, Tea, Coffee, also Home Baking!!
* Interesting topics, with guest speakers when possible.
* Access to the Library.
* Friendly, Smiley, Faces!!!
* Other Parents abandoning the nappies and housework for the morning off.

Venue- Home Birth House, 8D Richmond Street. (next door to the Central Plunket Rooms).

Dates and topics will be advertised in the Newsmagazine. The first Date is 19th Oct an introduction meeting. 2nd of Nov birth storys November 14th co-sleeping.

MARK THEM IN YOUR DIARY OR ON THE CALANDER.

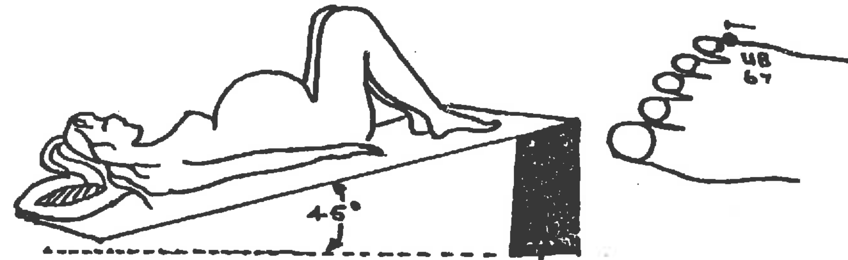
BABY DAZE is your group, come and support the W.H.B.A.(inc), come and shape what we do and topics discussed, come along and enjoy the morning.

Organisers: Belinda Beetham (Dom' Midwife/consumer), Peta Crimp (Consumer).

Queries: phone 8438082 or 8490316.



2. Prop up an ironing board at an angle of 45 degrees(Brace the ironing board either side with chairs.)




3. The knee-chest position also works (see diagram.)

Do one of these exercises twice a day for about 20 minutes - on an empty stomach.

**Acupuncture**
Acupuncture works on the principle of realigning the electromagnetic energy of the body. The macrobiotic dietary factors also realign electromagnetic energy, and the combination of the two methods is generally effective unless there is an anatomical reason why the baby cannot turn.
The acupuncture points are UB 67, in the little toes. It generally takes three or four treatments. I like to do these fairly close together, say within a week. [John Mcdonald, Senior Lecturer in Oriental Medicine, University of NSW, (Australian HBA Conference 1983) claims the Chinese do three treatments in a day].

Moxibustion can be used as an alternative to acupuncture. Moxa cones or sticks are burned over the acupuncture point. These are removed when heat is felt by the person receiving treatment. A slice of ginger or garlic can be placed over the point before lighting the cone.

**Homeopathy**
The homoeopathy remedy recommended is Pulsatilla 200: two doses two days apart in the 35th week. Even more effective is Tuberculinum 10m.[2]

Good luck!

**References:**
Weston, Marianne Brorup, *Maternal Health News, (Canada) Vol 8 no 3, Oct 1983*
1. Kushi, Michio and Aveline, *Macrobiotic Pregnancy and Care of the Newborn, p72*
2. de Graaf

# Turning a breech baby

Joan Donley, Auckland Domiciliary Midwife

You are planning to have a homebirth but at 30 odd weeks your baby has turned and is now in a breech position. You have been referred to an obstetrician and your hopes for a homebirth are fading. Furthermore, if this is your first baby then your chances of having a caesarian section are quite high!

Breech deliveries are more dangerous because of the possibility of compression or prolapse of the cord, rapid compression to the after-coming head which does not have a chance to mould slowly, and the likelihood of inhaling liquor.

At one time doctors would attempt external manual version (turning the baby by external manipulation) during the antenatal period. Today very few doctors are competent to carry out this rather risky manoeuvre, or to deliver a breech. Their skills are surgical.

A number of domiciliary midwives and homebirth doctors have been turning breeches by acupuncture, generally at about 34 - 36 weeks. We have also found that exercises, dietary changes and homoeopathic remedies can help encourage a baby to turn to a head-downward position.

**Diet**

According to Michio and Aveline Kushi in *Macrobiotic Pregnancy and Care of the Newborn*,[1] the intake of yin foods can cause the baby's head to become too yin to assume its natural downward position for birth. Excessive yin foods (such as fruit juices, tropical fruits, ice cream, sugar, all sweeteners, oil, coffee) make the baby more yin. Cigarette smoking, drugs, chemicals, and an overly active daily schedule also make the baby yin.

Therefore it is necessary to create a more yang condition. Foods which contribute to this are vegetables, animal proteins (fish, fowl, eggs, meat, dairy products) and miso (taken as tea or in soups).

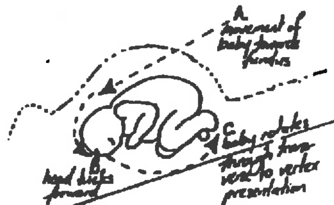
***Macrobiotics***

Kushi explains that macrobiotics is the art of creating a balance within ourselves and within our environment by adjusting daily food and activities to harmonise with changing circumstances. The neutral macrobiotic diet is:

| | |
|---|---|
| whole grain cereals | 50 - 60% |
| Vegetables | 20 - 25% |
| Beans and sea vegetables | 5 - 10% |
| soups | 5% |

**Exercises**

The following exercise works on the principle of gravity. By angling your body so your head is lower than your abdomen, you are encouraging the baby's head to 'float' up to the fundus. As the pressure builds up at the back of the baby's head it may flex its chin towards its chest and gradually rotate through the transverse (crossways) position to the vertex (head-down) position.



This 'breech tilt' exercise can be done in three ways:

1 Raise your hips about 30cm off the floor using firm pillows.



## MISCARRIAGE / STILLBIRTH / NEONATAL DEATH

WHISE (Woman's Health Information Support and Education) has invited various community groups to make a written contribution regarding personal hospital experiences in the event of Miscarriage /Stillbirth / Neonatal Death.

WHISE intends to make submissions to Waikato Women's Hospital regarding the manner in which women and families are processed during such experiences.

Anyone interested in contributing information for the WHBA's submission on this subject is asked to contact Libby Cooney on 843-7664 by the 15th October. Your experience(s) and insights will be valued.

**FOR SALE - WANTED TO BUY**

Please complete this form and post it to:
**Anne Marie Graham, 22 Manor Place, Hamilton.**
Please include all relevant details such as make,model,size,colour, price and condition.

**For Sale:**.....................................................................
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**Wanted To Buy:**.....................................................................
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**Contact Name & Telephone No:**.....................................................................
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# The Parent and Child Show

Friday 29th October to Sunday 31st October
at NZ Expo Centre, Greenlane

**FROM PREGNANCY TO PRIMARY SCHOOL**
**A CHILDHOOD UNDER ONE ROOF**

**This Expo offers Seminars from**

Wendy Pye - Childrens author
Jack Shallcrass - Language development
Atopic Excema in Babies and Children
Computer Education
Breastfeeding Seminars
Postnatal Depression
Infant Resuscitation
Baby Massage
and many more topics of interest

Companies will be exhibiting their products. Organisation including Plunket, Kindergarten Association and Parent centre will be providing information, advice, consultation on the services they provide

Safety Aspects on child rearing

Entertainment - choirs, orchestras, dance groups, and fashion shows all featuring children.

Personalities such as Sheila Kitzinger will be giving lectures on
"Ourselves as Mothers"
"Talking with Children About Things That Matter"

Tickets can be reserved for these two lectures by sending $10.00

XPO Exhibitions
P.O. Box 9682
Newmarket

Kobal

*'Women who suffer most premenstrually are more likely to be in upsetting life situations'*

she says, "this new classification puts an emphasis on depression, rather than keeping an open mind." Severino supported the initial decision to put a premenstrual disorder in the manual, and is convinced that having LLPDD in print for the past seven years "has stimulated research and encouraged physicians to think about mental functioning. It did all we hoped it would."

She does not believe that including the category has proved socially damaging for women. Fears have been expressed in the US that lawyers might use the diagnosis in court as a weapon against women in child custody battles; as a defence in criminal trials; or that health insurers would refuse cover on the basis of the diagnosis.

Stotland says: "Those fears, thank goodness, are not well founded so far." She worries however, that "lay people and even some doctors" will not make the distinction between a vast array of premenstrual symptoms that affect most women to some degree, and the severe "psychiatric" symptoms apparently linked to the menstrual cycles of a few women.

Such diagnoses can be a powerful way of "dismissing women who are assertive in the workplace or unhappy at home—a way of not hearing what women are saying," argues Ussher. Partners or work colleagues can trivialise a woman's feelings by saying, "It's just your hormones, dear."

The APA's critics argue that women are in a double bind. Anne Walker, a psychologist at the University of Dundee, draws parallels with postnatal depression, in which clear hormonal abnormalities have also proved elusive. "It can be useful for women who experience distress to blame it on their hormones—then they are taken seriously," says Walker. But they then become labelled as ruled by their biology, at the mercy of their "raging hormones". Caplan adds another twist: "It's as if the APA are bribing women—we're willing to believe you, take you seriously, they say, but you have to say you're mentally ill."

Defending the APA's decision, Spitzer points out that the category is purely descriptive: the manual does not suggest a cause for PMDD. Yet, Ussher argues that "there are very few psychiatrists who don't adopt the medical model of mental illness"—a model which describes mental disorder as having a biological cause, like any other illness.

"Women ought to be able to receive help without having to receive a diagnosis implicitly tied to biology," says Ussher. "PMS may be a vehicle for women to express real unhappiness that is not necessarily caused by the menstrual cycle."

Despite the focus on women's hormones, PMS has no established biological cause. No hormonal or other physical abnormalities can account for the diverse symptoms reported. No single psychological cause has turned up either. Women's experiences of their menstrual cycles seem to be intimately related to their social, psychological, cultural and even economic circumstances.

## Men suffer too

Such conclusions often inspire headlines such as: "Cheer up, say scientists, you're only imagining you feel bad" and "PMS—all in the mind". Yet researchers do not deny the reality of women's experiences. "I know some women feel worse before their periods—I believe them," says Caplan. "But good research indicates that women who suffer most premenstrually are more likely to be in upsetting life situations. They are not mentally ill . . . They need help to change their social and physical environment."

Researchers have found that men too suffer cyclical changes in mood. Mary Brown Parlee of City University of New York gave PMS symptom checklists to men, without saying what they were. It turned out that the men reported more monthly problems than women. And in a preliminary study of heterosexual couples, Walker found that men as well as women felt better at the weekend, and worst midweek. Married men also had mood changes, linked to their wives' menstrual cycle.

People rarely attribute men's depressed or irritable moods to their biology, nor anyone's positive moods, as Richardson has shown. Yet both men and women—including many researchers—tend to attribute negative moods experienced by women around the time of menstruation to the biological process. At other times precisely the same moods are put down to external stresses.

Where do we go from here? Can research settle the debate? For Severino, this is an opportunity to understand how "the interaction of various inputs, from physiology, culture, socioeconomic conditions and life experiences, are all contributing to the 'symptoms'". It is "a fascinating, scientific puzzle," she says. The trouble is, says Stotland, "doctors of medicine have trouble seeing that psycho-social research is valid research".

Spitzer, who has been influential in setting the APA's agenda, was in the vanguard of a movement in American psychiatry that began in the late 1970s. It was to sweep away the "biopsychosocial model" of mental illness which was prevalent at the time. This emphasised the role of social and cultural influences in the development of mental illness. Spitzer and like-minded colleagues favoured the medical model with its apparently more "scientific" diagnostic categories based on a person's "objective" behaviour.

But psychologists such as Walker argue that progress in this field depends on finding ways of doing research that "acknowledge our own subjectivity". And if Severino is right, PMDD is a "biopsychosocial condition par excellence, being railroaded into a narrow medical model".

Medically-based psychiatric diagnoses may be dangerous in practice, Ussher argues. "Women are being given drugs with often serious side effects that are no more effective than placebos," she claims. Doctors increasingly prescribe antidepressants for menstrually related depression. "It seems to be a continuation of the 1960s and 1970s, when women who expressed unhappiness were given antidepressants," Ussher argues. "There was a backlash against this, but it is now seems to be returning through the backdoor with PMS.

"In the long term, antidepressants do not help women to cope or to find out why they are so unhappy in the first place—reasons that are not to do with their bodies. We need to help women in more empowering ways." The race is on. The next edition of the manual is scheduled for 2002.

Do some women go mad every month? An influential group of psychiatrists seems to think they do

# Have periods, will seek therapy

**Gail Vines**

THOUSANDS of women regularly feel severely depressed, angry or irritable a week or so before their periods, only to recover as menstruation begins. This month the American Psychiatric Association voted to categorise them as mentally ill.

The APA estimates that 5 per cent of American women of reproductive age may suffer from the disorder and need to see a psychiatrist. According to its critics, notably Paula Caplan, a psychologist at the University of Toronto, this is a classic example of "bad science" motivated by financial incentives and antifeminist ideology.

The fourth edition of the psychiatrists' bible, the *Diagnostic and Statistical Manual*, will list "premenstrual dysphoric disorder" (PMDD) as an "unspecified" form of depression. But, bowing to widespread criticism even from fellow psychiatrists, the APA—the manual's publishers—has given the disorder an ambiguous status, calling it a "proposed diagnostic category needing further study".

The APA argues that researchers must have a standard definition to evaluate treatments and to investigate its cause. "We believe this will result in better health care for women and reduce the suffering of women with this disorder." Caplan argues that special interests lie behind this decision. Because the manual is used by funding bodies, giving PMDD such recognition will help psychiatrists to win awards for research. But "the disorder does not really exist", Caplan argues, "any more than premenstrual syndrome does".

Premenstrual syndrome (PMS) has proved notoriously difficult to pin down. The term was first invented 40 years ago and, since then, 150 symptoms have been ascribed to PMS and as many as 327 different treatments have been tried. Most PMS researchers would agree with John Richardson of Brunel University, the syndrome is "at best a loose heterogeneous grouping of symptoms rather than a single diagnostic entity," he says. "There is no agreement over any 'core' set of symptoms."

But in the mid-1980s, a working group of psychiatrists at the APA became convinced that they could, "narrow the boundaries of the syndrome to those that would define a disorder".

## Changing moods

This would "minimise the clinical inaccurate use of the term 'PMS' and the consequent underdiagnosis, overdiagnosis and misdiagnosis of the syndrome, which have prevented optimal assessment and clinical care," according to Robert Spitzer and his colleagues of the New York State Psychiatric Institute. The diagnostic criteria the psychiatrists drew up focus on mood changes severe enough to lead to "functional impairment", but also include physical symptoms such as bloating (see Box).

But Spitzer's critics claim that a description is no guarantee that a category is "valid"—that it corresponds to what everyone agrees is a single disorder with a definable cause. "PMS is not a valid syndrome, and neither is some arbitrary subset of its symptomatology," says Jane Ussher, a lecturer and clinical psychologist at University College London who has been studying PMS since the early 1980s.

John Bancroft of the Medical Research Council's Reproductive Biology Unit in Edinburgh is also critical of the APA's decision. "The field is in something of a mess," he concludes. The concept of PMS is no longer useful. By defining a "premenstrual dysphoric disorder", the APA has "jumped from the frying pan into the fire", Bancroft contends. "It's no better than the old concept of PMS."

The APA's committee of six women, set up earlier this year to review the literature and decide how to handle premenstrual symptoms in the fourth edition of the manual, failed to reach a consensus. "The full range of opinion and perspective was represented," says Nada Stotland, a psychiatrist on the committee and an associate professor at the University of Chicago. "Opinion ranged from those convinced that PMDD should be a bona fide disorder accorded its own code number, all the way to me," says Stotland; "I wanted PMDD out of the manual altogether."

Because the committee could not reach agreement, the APA asked two other psychiatrists, with no special expertise in the field, to make the decision—a move that Caplan finds astonishing. "If the experts couldn't agree, how do you choose two other people to make the decision?"

Another committee member, Sally Severino of Cornell Medical College in New York City, would have preferred to "leave things as they were" in the previous edition, published in 1987. There, a similar condition, called "late luteal phase dysphoric disorder", or LLPDD, lurked in the limbo of the appendix. "I see no point in changing the name again," says Severino. "There have been 15 names already. It just confuses people." Moreover,

## Is PMDD a new mental illness?

To qualify for the diagnosis of premenstrual dysphoric disorder, according to the new edition of the *Diagnostic and Statistical Manual*, to be published next year, a woman has to have symptoms that appear during the last week before bleeding begins, but which disappear within a few days after the period starts, in most menstrual cycles during the past year.

She must also suffer a disturbance that "markedly interferes" with work, education or social relationships and have at least five of the following symptoms premenstrually, including at least one of the first four:

- markedly depressed mood, feelings of hopelessness
- marked anxiety, tension
- "marked affective lability" (such as sudden sadness)
- "persistent and marked" anger or irritability
- decreased interested in work, education, friends, hobbies
- difficulty concentrating
- lethargy
- marked change in appetite
- hypersomnia (excessive sleepiness) or insomnia
- sense of being "overwhelmed or out of control"
- physical symptoms such as tender or swollen breasts, headaches, joint or muscle pain, bloating or weight gain

The disorder must not be merely an "exacerbation" of some other disorder, and the symptoms must be "confirmed" by the patient's own daily ratings through two menstrual cycles.





**THE HEALING** By Wendy Lawn

Encapsulated within
the room
womblike, darkened
Intense
A Womans room

NO ONE ENTERS

NO hard hopital bed
induction
electronic fetal monitoring
controlled pain
interference

I CAN HANDLE THIS

Support, encouragement
hands massaging
soothing, healing, warm
welcome friend
hot packs
sucking
water refreshes
tennis balls ( I laughed when you brought them Julie)
sqeeze, release
squeeze,release

Me, who has found no God
finding something within
A life force
humming
singing
spiritual
Reaching within
focusing
feeling power

HOW LONG JENNY?
How long?
"As long as it takes"
HOW LONG JENNY?
How long?
"As long as it takes"

Acceptance
Reassurance
Patience

PUSHING
BURNING

**OPENING = PAIN**
RESISTANCE
rocking, squatting
standing
PRESSURE

**"YOUR BABY IS COMING"**

Searing
Spliting open
"Can't you just pull him out"

**A BIRTH**

Relief, happiness
wine, chocolate cake
rock melon
laughter
Bonding family, friends

**H O M E**

On a personal note: Thanks Julie you were always there for me and never doubted my ability to birth naturally, you are a true friend and your help at the birth of Aidan was invaluable. Thank you Jenny for your support and encouragement both at the birth and after. Becase of you both the birth was a very special experience for both Russell and myself.