

Women's right to have babies nature's way

BY RETRACTOR

I was really delighted to read in *New Zealand Doctor*, 19 March, about a midwife called Joan Donley who wants the care of pregnant women returned to the midwife and men and technology kept right out of it.

I was pleased because things have been a bit rough in Sydney of late and I was reading the job advertisements in the *NZMJ* and feel much happier with my lot knowing you have them over there too.

The article had under it another article about medicalisation of women's lives as a form of control and how control must be taken back from men. I have heard it all before.

It is true that medicine's track record in women's care has not been laudable in the past. No argument. I tend however to side with the recent editorial in the *NEJM* which suggested that as a profession, medicine has been very sympathetic to the issues raised by the changing role of women and the women's movement.

You see it even in the medical school classes here where over 50 per cent of graduates are women nowadays. But surely people who wish to be serious about health consciousness need to learn to find the best doctor, and the doctor's chromosomes are of limited importance.

My first brush with feminism and medicine was as a student when our class was addressed by Ms Rothman from San Francisco who had groups of women inspecting each others cervixes and performing menstrual extraction which was supposed to ease dysmenorrhoea and get rid of any unwanted foetuses that were lying about. History was not kind to such groups. Menstrual extraction turned out to extract a high price, like death, for things that were better treated with responsible behaviour and Naprosyn.

My second experience was when two registrars at Wellington Hospital, Jean and John Lennane, published a paper in the *NEJM* about alleged psychosomatic disorders in women. The article dealt with dysmenorrhoea, nausea and vomiting, pregnancy, labour pain and infantile colic.

The Lennane's showed that standard texts suggested there were major psychological aspects to these disorders but the evidence suggested the psychological

component was small if it existed at all. Their hypothesis suggested that the reason for the dichotomy was that the disorders were exclusively complained of by women and the books were written by men.

They followed this with a book called "Hard Labor, a Realist's Guide to Child Birth", now sadly out of print. I still maintain it is the best book ever written on this topic for consumers and value my copy which is loaned to every member of my staff who expects a child. Invariably when they return it they praise it and many have photocopied the entire book.

One of the things that fascinates me about the whole obstetric issue is that in those days the Lennane's felt that labour pain was inadequately treated and more epidurals should be used. Now the "back to mother nature" movement believes that epidurals are part of a man's wish to dominate women. You can't win.

Some years ago I administered an epidural to a woman in labour and was seized by the nurses who wanted me to talk another woman into having an epidural. She was the president of the Natural Childbirth Association and was becoming very hypertensive. I never talk anybody into anything and left.

About half an hour later I was summoned back and told that the woman had agreed to the epidural for her blood pressure's sake and would tolerate the unpleasant side effect of analgesia. I put in an epidural, went and filled out the forms and went back to see if it was working and asked how the woman felt.

She said she felt absolutely terrible. When I enquired further she told me she had just realised for 17 years she had been talking crap and this was the only way to go.

Bonding is trendy rubbish

The article in *New Zealand Doctor* said men should not be in the room after delivery as that is when the woman may bond to people.

Bonding is the most over-rated trendy rubbish since alchemy. The alternative medicine brigade believes that if the woman is asleep (anaesthetised) during the birth or if the baby is taken to a neonatal unit there is impaired bonding. To suggest that woman may love the child less because of this or fall for the obstetrician during bonding is probably about

as derogatory a remark one can make about women.

If a man said it he would be accused of gross chauvinism. And the accusation would be correct. Most people who have problems with bonding have pre-existing psychological disorders placed in their head by well-meaning trendoids whose real motivation is dubious and lack of knowledge immense.

Show me one piece of science supporting this mystic interaction or the data showing women fall for their accoucheur and I will listen to it. There is no such data.

Indeed, one of the major problems facing medicine in an age where people are turn-

ing from technology is that we must be seen to be tolerant of perpetrators of such trendy myths, rather than standing up and being counted by fulfilling our important role of pointing out to the public that such people are ignorant, and they practise quackery and witchcraft.

Mother nature's mortality

The facts are if you want to have babies mother nature's way you must be prepared to accept mother nature's neonatal mortality.

My wife and her mother

have the same shaped pelvis. My mother-in-law had her children mother nature's way with midwives. My wife had epidurals, foetal monitoring and caesarians. My wife has three children we both love dearly although I was only at one birth and she was only awake for that one. (The kids came to that one too even though it was a caesarian).

She also has two brothers who are alive and two who are dead. Both neonatal mortalities. We go for high tech in our family and demand our right to it.

Midwives and home birth are issues in Sydney. Two of my colleagues who are doctors opted for such deliveries. Such is their right. Midwives are skilled at delivery. At neonatal resuscitation they are the pits. The most recent one we had was resuscitated by placing a crystal on its chest and chanting a mantra. The same mantra they chanted at the funeral.

We review neonates resuscitated by the paramedics

after home births. The care of the child is invariably appalling. There will soon be an enquiry in New South Wales into the number of complaints against midwives in the home birth industry.

Like every responsible doctor who trained in New Zealand I was saddened to read of "The unfortunate experiment". Yet as I have worked around the world I have never encountered an obstetric service close to the excellence I saw practised in Wellington in the early 70s. I cannot imagine that it has slipped.

I guess if a woman wants to have her child in an "alternative way" it is her right although I fear for the rights of the child. And for me, mother nature's neonatal mortality is not good enough.

One of the things I have learned in the past few years is that when anyone in medicine uses the expressions "holistic", "global overview", or "matrix" they are invariably talking rubbish.

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