Dr. Robert Mendelsohn

Once upon a time, childbirth was a natural process. It was attended by a midwife and/or a female member who understood the process, usually because she herself had experienced it.

But as civilization became more complex and technology became king, childbirth went from being a rite presided over by women at home to becoming a disease presided over by male doctors in a hospital. And as there were more and more kinds of interference with this process, the intervention itself began to present risks to the pregnant and the delivering woman, until any woman who gave birth put herself at risk simply by entering a hospital.

Today, we are witnessing what may become a return to commonsense childbirth practices. Young women are refusing anesthesia because they now know it may handicap their child. They're questioning the benefits of fetal monitoring and are wondering about its risks. They're refusing to have x-rays during pregnancy unless there is compelling cause. They're learning how to relax during childbirth so that they can assist with the delivery, and they're demanding their doctors do it their way. In addition, many young women are opting for delivery at home in order to escape the impersonal hospital environment as well as the intervention for intervention's sake that they have correctly come to fear.

Years ago, anthropologist Margaret Mead and behavioral scientist Niles Newton wrote:

"Considerable research on the problem of position in labor in relation to ease of delivery (of babies) suggests that the flat, supine position for delivery may make spontaneous delivery more difficult."

Way back in 1933, Mengert and Murphy, in an extensive experimental study, recorded intra-abdominal pressure at the height of maximum straining effort in more than a thousand observations of women placed in seven postures.

They found the greatest intra-abdominal pressure was exerted in the sitting position. This was due not only to measured visceral weight but also to increased muscular efficiency. Then, in 1937, Vaughan presented x-rays and measurements which indicated that squatting alters the pelvic shape in a way that makes it advantageous for delivery.

I know of no study that has ever negated these classical findings. Yet with few exceptions, in this country, women in labor are still placed flat on their backs with their feet in stirrups.
In your remarks about obstetrical use of spinal anesthesia, you indicated you favor no anesthesia for the woman in childbirth. Why do you wish to impose such pain on women? Do you believe pain in childbirth to be "natural," but pain from an unanesthetized operation to be unnatural? Why are you discriminating against women?

You say we should replace drugs with the "safe and effective support of close relatives." What makes you think every woman wants her relatives with her at such a pain-filled and frightening time? My parents and my husband were the last persons on earth I would have wanted to witness me in labor or childbirth! They were angry about my pregnancy, and I certainly didn't want the event. What do you recommend (besides suffering) for women who cannot count on any moral or emotional support from anyone during labor and childbirth? If your goal is to lower the birth rate by making the process so horrible for women that they will never again get pregnant, you have made your point.

I am very saddened and frightened by your willingness to openly advocate pain for women in childbirth. We MUST continue to have a choice, and no doctor, especially a male who never has been through childbirth himself, should dare to be so audacious as to try to take that away from us.

The hostility you hold toward women is thinly disguised by the supposed veil of concern for the newborn. Your hostility is chilling, Dr. Mendelsohn. Please reconsider what you are REALLY communicating. --R.C.C.

Your letter doubtless will gladden the hearts of those anesthesiologists and obstetricians who believe in lots of anesthesia, a strong coalition to array against defenseless newborns who face the possibility of sedation and subsequent brain damage from spinal and other forms of anesthesia.

A brand-new federal study of 3,528 babies delivered at 12 medical centers between 1959 and 1966 shows that babies born to mothers who were given anesthetics during delivery are much more apt to suffer physical and mental impairment. The drugs studied included Demerol and Seconal (used to induce drowsiness and relaxation at the beginning of labor), anesthetics which are inhaled (such as nitrous oxide), and injected anesthetics of the procaine chemical family.

Your final paragraph diagnosing me in psychiatric terms brings to mind a classic story illustrating the power of psychiatrists: If I were to make an appointment with a psychiatrist and arrive late, I would be accused of being hostile. If I were to arrive early, I would obviously be anxious. And should I be exactly on time, I would of course be labeled as compulsive.

Only the continuing accumulation of scientific evidence and the accumulated experience of mothers themselves will answer the question as to whether I am discriminating against women or whether YOU are discriminating against babies.

I am a 27-year-old mother of two preschool children. When I gave birth to each of them, I was given no choice between natural childbirth and the use of drugs, and I was given a spinal each time.

I still feel a weakness in my back where the spinal needle was inserted, a condition that becomes more noticeable when I am tired. I have had my back x-rayed, but nothing appears on the film. Can you
tell me whether there have been any documented side effects of spinals, other than the well-known headaches?

I know for certain that my next delivery will be at home. Thank you again for your commonsense answers and for helping us laymen to think for ourselves.--Mrs. B.O'B.

To my knowledge, there are no long-range follow-up studies of the effects of spinal anesthesia in obstetrics, a procedure that has always struck me as fraught with dangers. Common sense militates against the idea of taking a large needle, jabbing it through all the layers of tissue designed to protect the precious nerves inside the spinal canal, then aiming for those nerves and the fluid in which they are bathed, and injecting chemicals about which little is known except their abilities to deaden the nerves and kill pain.

While headache is easily the most noticeable effect of needles inserted into the spine, it certainly is not the only one. For example, in the case of spinal x-rays involving the injection of dye, a serious complication technically known as arachnoiditis may occur. I would predict that if a proper 10- or 20-year follow-up were done on all pregnant women given spinal anesthesia, a significant number would be found to have serious back problems, including such weakness as you describe, as well as other complications.

I read with interest the letter from the young mother who asked about possible side effects of spinal anesthesia given during the delivery of a baby.

My first child was born in an Army hospital in 1952, and saddle blocks were the only anesthesia given for childbirth. It didn't work for me, perhaps because the baby's head was already visible before I was taken to the delivery room. I was forced to sit up and wait for half an hour before the doctor who was supposed to be on call arrived. His two attempts at giving me the saddle block only succeeded in sending electric-type shocks down into my legs and feet. No woman who had a saddle block was allowed to raise her head or use a pillow for eight hours after the procedure. However, since I vomited and went into shock, I had to raise my head. Perhaps that is why I developed headaches that persisted long after my release from the hospital. During that first pregnancy, I had no back problems, but I certainly have had them during subsequent pregnancies. During the last few months, I frequently needed to use a cane since my right leg could not support my weight and buckled without warning.

Why do obstetricians continue to use this method of anesthesia when there are so many adverse effects?--Mrs. R.J.M.

I have been trying to figure out for a long time why obstetricians continue to use saddle blocks as well as spinal anesthesia. Two Detroit area physicians—one an anesthesiologist, the other an osteopath—recently took exception to the advice you mention. They tried to justify spinal anesthesia on the grounds that it is safer than general anesthesia, to which my response is, "A plague on both your houses."

There are practically no scientific studies on the long-range damage from saddle block and spinal anesthesia, and the few studies that have been done have been carried out by obstetricians,
anesthesiologists and others who have a vested interest in minimizing complications. I would dearly love to see a 20- or 30-year follow-up study conducted by women such as you.

Recently, a high official of the American College of Obstetrics and Gynecology said on NBC's Today Show that the most dangerous trip any of us takes in our lifetime is the trip through the birth canal. Claiming that we are all a little brain-damaged as a result of childbirth, he felt the present Caesarean section rate of 25 percent (in some cases, as high as 40 percent) to be justifiable. As a logical extrapolation of that argument, I suppose all children should be delivered by Caesarean section, and vaginal delivery should be outlawed.

Perhaps obstetricians are right in believing that God made a mistake in arranging for vaginal births. But it is more likely, in my opinion, that the reasons for the present dangers of the trip through the birth canal stem from obstetric intervention (including anesthesia of all kinds).

My first child was born six months ago, and it was the most exciting experience of my life. Both my husband and I attended natural childbirth classes, and we practiced relaxation and breathing techniques daily. I neither wanted nor received medication during labor, and I felt in control because I knew what was happening and was able to relax and go along with the contractions and labor. My husband's support and my obstetrician's and nurse's encouragement and concern gave me reassurance and strength. It was wonderful to be awake, aware and helping in the birth of our child and to know she was safe from sedation or possible brain damage from various forms of anesthesia.

Childbirth need not be a pain-filled, frightening time. If you use natural childbirth techniques, have a supportive husband and obstetrician and use positive thinking, it can be the greatest event of your life.—R.B.

The move toward natural childbirth was given a strong push a few months ago when the FDA banned the use of oxytocin for elective induction for the convenience of either mother or doctor.

I appreciate your sharing your experiences with my readers and me. As a pediatrician, I can think of few ways of giving a baby a better start in life.

I am going to have my first baby in September. During the hospital tour, my husband and I were told I must have a belt-type fetal monitor strapped around me during labor. It looked very uncomfortable, and I didn't get any good news about it from any of my friends who have had to be monitored. They said the belt was tight, and they couldn't move during labor without throwing off the heart pick-up.

I asked my doctor if I must have this monitor, and he said it was absolutely necessary to guarantee the safety of the baby during labor. But when I read some articles about it at the library, I
discovered that this belt-type fetal monitor is not accurate. I also learned that ultrasound, which measures the heartbeats, may cause lowering of the baby's antibodies, and this matter really hasn't been studied very much.

I also saw several reports of babies who died during labor while being monitored, and the monitor hadn't shown any problem to warn the doctors. I read that a needle is sometimes inserted in the baby's head during labor to monitor heartbeats. Although this is a more sensitive technique, it sometimes shows problems exist even though the baby is not in distress (that report said this is the reason Caesarean sections are so common now). A horrible article reported that 4 to 5 percent of babies monitored with needles develop abscesses and that the mother also gets infected.

Why do hospitals and doctors use these monitors on fetuses? I'm thinking about having my baby at home. Please tell me what I can do--I don't have long before I have to make definite plans.--Mrs. B.F.

Ask your doctor if he is familiar with the report of Dr. Gerald B. Merenstein, chief of newborn services at Fitzsimmons Army Medical Center in Denver, describing the case of an infant who died on the seventh day of life of a disseminated herpes simplex infection introduced at the site on the baby's scalp where the monitoring electrode had been inserted. Also ask him if he is familiar with the work of renowned obstetrician Albert Haverkamp who has compared large groups of electronically-monitored women to women who were watched by nurses.

The Caesarean section rate for the first group (17.6 percent) was three times that of the second group, and this increase in sections was not associated with any improvement in the infant's condition after birth. Other investigators who analyzed 70,000 deliveries at the University of Southern California and at Beth Israel Hospital in Boston found no difference in infant outcome between monitored and unmonitored infants. Dr. Haverkamp concludes: "I really believe we are overselling our technology."

A soon-to-be published HEW report shows that fetal monitoring may be doing the average mother and her baby more harm than good, while costing consumers more than $400 million annually in unnecessary medical expenses.

I can't presume to tell you where you should have your baby, but if you have been following this Newsletter regularly, you'll know that my daughter's baby, now seven months old, was delivered at our home.

Writing on "Technologic Intervention in Obstetrics: Has the Pendulum Swung Too Far?" in the prestigious medical journal Obstetrics and Gynecology (February 1978), R. Alan Baker, M.D. and fellow of the American College of Obstetrics and Gynecology, presents the documented references, as well as his personal concerns, about some highly touted obstetric intervention procedures. Dr. Baker analyzes the hazards of amniocentesis (needle aspiration of fluid from the amniotic sac) which include pneumothorax (air in the baby's chest from multiple puncture wounds), gangrene of a fetal limb, hemorrhage, and sudden fetal death. He examines fetoscopy (directly looking at the fetus through an instrument) and notes the possible hazards to the fetus from the intensity of the light in the instrument, as well as the damage which may occur from rupture of the amniotic sac. He criticizes fetal monitoring, referring to
ominous scientific reports of fetal death in monitored labors, scalp abscess, uterine perforation, and maternal damage due to both the monitoring and the resultant Caesarean sections. Dr. Baker also questions the unknown long-term effects of ultrasonography (use of ultrasound waves for diagnosis).

These dangers and others were earlier described and documented by Fred Ettner, M.D., in "Safe Alternatives in Childbirth" and "21st Century Obstetrics Now," both published by NAPSAC Inc., Marble Hill, Missouri, and I pointed out in a column of June 1976, "Despite the salesmanship of some doctors who use this procedure, and despite its value in certain rare instances, no one knows the long-term effects of amniocentesis."

Apparently, this kind of important scientific information is beginning to influence the policy of such national organizations as the National Foundation-March of Dimes which recently announced the phasing out of its support of amniocentesis.

It looks as though we are finally making a dent in the conventional medical belief that, as far as technology is concerned, what can be done will be done, regardless of whether or not it should be done.

I was upset with your comments on your daughter's home delivery because I got the impression you were putting down hospital births. There are two sides to this, so let me tell you about my son's birth in a fine hospital.

When I first discovered I was pregnant, I was all in favor of home birth, but I'm not anymore. It may be all right for some, but on the other hand, not all hospitals are the big, bad places some people think. I had never been in a hospital and, after reading countless articles on home birth as well as such books as "Childbirth at Home" by Marion Sousa and "Immaculate Deception" by Suzanne Arms, I was all set to have my baby at home.

But my husband was, and is against home birth. We attended Lamaze classes which prepared us for delivery in our city hospital. After I saw what the hospital was like, I quickly put aside any ideas of home birth.

When my delivery time came, my husband was made to feel important (and indeed he was) by the nurses and doctors. I was encouraged and made to feel as comfortable as possible. However, my delivery did not go as planned and I ended up having to have a Caesarean section.

My husband and I were disappointed that I did not have a natural birth. But the kindly way in which the nurses and doctors treated us and the care I received afterward convinced me it was all worthwhile. My husband was with me all through the operation, holding my hand. He held our son right after his birth and stayed with him for half an hour afterward while I was in the recovery room.

I enjoyed my hospital stay, and my husband is an extremely proud father who tells everyone the nurses made him feel like a king. So, you see, not all hospitals are bad.

I plan to have all my future children in the hospital. Not only do I have the freedom and excellent care I would have with a home birth, but I also have the safety of the hospital in case there are complications, as there were with my first delivery.--Mrs. D.P.
Your letter does not surprise me. Many hospitals throughout the country, perhaps in response to the challenge of the home-birth movement, are making mighty efforts to change their obstetric practices. But bottom-line reality is that a laboring mother entering a hospital has about one chance in four of having a Caesarean section.

For another viewpoint, I offer you this next letter:

From personal experience, my backing goes to you and your views on pregnancy and birth. What shocks me is that it's women themselves who attack your views on the natural birth process. I believe such women are brainwashed by all the bad advice they've gotten from their doctors and by their own ignorance and lack of desire to inform themselves about their bodies.

ONE hospital delivery was enough to teach me that the indignities a woman goes through at that time are hospital- and doctor-caused. When our second child was born, we prepared adequately enough to control the situation through understanding and calm. We had a beautiful delivery of our son at home. He was delivered when he was ready, and our eight-year-old daughter was right there to take her brother into her arms.

I feel no compassion for women who give their minds and bodies over to others and then attack YOUR views and opinions. Hospitals and drugs are here for complications, not for the normal, healthy delivery most of us are perfectly capable of having.—Mrs. K.N.

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Your questions about the medical problems that trouble you most will be answered by Dr. Mendelsohn. Please send your questions to: The People's Doctor, 664 N. Michigan Ave., Suite 720, Chicago, Ill. 60611.
The first time I was asked to comment on interferences with childbirth was 19 years ago at a meeting of the American Association for Maternal and Infant Health, and those comments engendered a reaction I still can feel. At a panel discussing maternity care, a pediatrician, obstetrician, and nurse gave papers on advances in their particular fields, and then I, as the "mother," was asked to tell about my experiences with hospital care as well as my hopes for the future.

I never experienced any of the ordeals one sometimes hears about. But I talked about how I wished my husband could have been with me during my deliveries, how much nicer it would have been if the nurses and other attendants shared my excitement at the impending birth and were supportive of my desire to have the baby by natural childbirth, and how hospital schedules and conflicting advice caused breastfeeding problems. Nothing really dramatic, you'll agree, and I wasn't even angry while speaking about it. Yet the outraged reaction of doctors in the audience, and the insinuation of some that I was making it all up, made me realize just how far removed some doctors were from childbirth as experienced by their patients.

Today there are other kinds of interferences. James and Jane Pittenger have said that a major source of defective marriages and families is the perinatal period. They state it is not the events of pregnancy and birth in themselves that result in damage, but the fault lies in the cultural patterns we Americans have adopted for dealing with these events. Therefore, I feel it is important that these patterns be recognized so they can be changed.

For example, have you seen the cubicles which have replaced the old-fashioned labor room in some hospitals? Tiny and windowless, they contain barely enough room for a cart (which has replaced the bed), a chair, and the ever-present fetal monitor. When our daughter, Melanie, was in labor, she felt more comfortable sitting up despite the nurses' insistence that laboring mothers relax best on their sides. There was quite a commotion the next morning when the nurse entered Melanie's cell to find Melanie sitting in the chair and her husband Richard asleep on the cart! But under the circumstances, what else could they do?

And let's do away with that rule limiting attendance in the labor room to the husband or husband/designate. The presence of a close friend or relative can be equally important, especially someone who has had a baby and who can both support the husband during a long labor and reassure the mother. This help can cut down on a mother's need for drugs.

It takes a lot of effort to bring about change. Several years ago when Roberta Scaer of Boulder, Colorado, heard that a local hospital was planning a new maternity wing, she thought it important that the preferences of mothers as well as those of doctors and nurses be given consideration. So with the aid of a friend, Diana Korte, 700 local mothers were surveyed as to their choices of maternity options. After the report was published Roberta and Diana spent the next two years working with the hospital staff to get the options implemented. The women's persistence and hard work paid off. The new obstetrical unit, now under construction, contains everything they asked for!