

Open letter to

by Theodore Irwin

SO YOU'RE having a baby!

And you're joining the great sorority of American mothers to whom our annual tribute is now being given. Then rejoice that your baby will be born in 1959, for this is a wonderful age in which to become a mother. No other decade, no other year, has ever been so safe.

You are one of a fortunate multitude. Every eight seconds, somewhere in America, a wife becomes a mother.

Now here are things you should know about your rites of initiation. First, rid yourself of the mumbo-jumbo of old wives' tales. These are the deep convictions of eminent obstetricians and psychiatrists who have long studied the problem of mental attitudes in mothers-to-be.

To make pregnancy a happy period, a completely emancipated approach is advocated by such authorities as Dr. Alan F. Guttmacher, director of obstetrics and gynecology at New York's Mount Sinai Hospital. His "free" policy is to allow you to indulge in any athletics including horseback riding, to hold onto your job until the final month, and to go out socially as much as ever. Anything is permitted that will make your pregnancy as gratifying as possible.

"Childbirth should not be a contest, but a satisfying, maturing experience," says Dr. Guttmacher, a tall, white-haired man, the father of three children himself and clinical professor of obstetrics and gynecology at Columbia Medical school.

For a serene pregnancy, Dr. Guttmacher feels that you must first liberate yourself from unreasoning jitters. Among the 6,000 private patients he has delivered in the past quarter-century, he has found that their chief fears—often shared by husbands—are death, pain, and having an abnormal infant. As noted by doctors elsewhere in the nation, women also are apt to be apprehensive of miscarriage and of ruining their figures.

To release an expectant mother from the terror of death and invalidism, Dr. Guttmacher points out that today fewer than one woman in 2,000 dies in the process of childbirth, compared with one in 149 only a generation ago.

"Moreover," he adds, "we no longer see huge lacerations and other damaging aftereffects of childbirth. Infections, for example, can be promptly handled by antibiotics without leaving adhesions. Nowadays, women often come out of pregnancy in better condition than when they went in. Believe me when I say that birth has become almost 100 percent safe. Many obstetricians have practiced two decades or longer without a maternal death."

Responsible for this tremendous progress, besides the use of antibiotics and chemotherapy, is the availability of blood banks for transfusions to correct anemia and the vast improvement in obstetrical anesthesia. Also important is the greater use of X ray to measure the pelvis, locate the placenta, and check the progress of labor. These and other marvelous facilities for a mother's care and safety should help build your confidence.

Not long ago, a well-to-do, well-educated but panicky young wife came to Dr. Guttmacher and insisted that she would not go through with the "horror" of childbearing. She wanted an illegal abortion. Patiently and sympathetically, the obstetrician discussed her alarms and prevailed on her to go through with the pregnancy. After her baby daughter was born, she expressed profound gratitude. Two years later, she had another baby.

AS FOR PAIN, women often admit it's not nearly as bad as anticipated, according to Dr. Guttmacher. American women, unlike mothers in other countries, demand pain relief and get it. A variety of techniques of anesthesia and analgesia, suited to each patient's needs, is available. If you're a woman who doesn't want to be aware of what's going on, a heavy analgesia will "knock you out."

On the other hand, many prefer prenatal instruction in "natural childbirth," following the theories of Dr. Grantly Dick Read, who contends that fear and a muscularly unrelaxed state are the chief sources of pain and difficulty in labor. Dr. Read advocates the elimination of tension through knowledge, which dispels terrorizing mystery from the birth process. This is done by professional instruction. The method is suited to the personality and emotional makeup of some women, while routine pain relief may be better for others.

To allay your anxiety about an abnormal baby, you should bear in mind that with vast improvements in obstetrical care, birth "misadventures" are uncommon and the odds are greatly in favor of having a normal child.

"If there is a congenital abnormality—and it does occur once or twice in a hundred newborn," Dr. Guttmacher says, "it can usually be corrected by surgical or other medical means, so that the infant has a good chance for a normal life."

Dread of miscarriage is a fairly common problem because about one out of ten pregnancies ends in a spontaneous abortion. When and if this occurs, you should realize that it is nature's way of rectifying a bad start.

"Miscarriage is a kind of defense reaction on the part of nature," Dr. Guttmacher points out, "Three out of every four early miscarriages are the expulsion of a defective egg which has long ceased developing. Once women understand this, they usually feel easier in their minds."

AMONG THE FAMILIAR old wives' tales that still plague expectant mothers is that childbirth will ruin your figure and end your youth and beauty. That's nonsense, obstetricians agree, and it's only an excuse to "let yourself go." Actually, there's much evidence to prove that childbirth can improve the feminine form.

"To retain her figure," Dr. Guttmacher says, "a woman should have good prenatal care, with all its controls of diet and general health; firm support of breasts during pregnancy and nursing; exercises to strengthen abdominal muscles after delivery; and a little 'won't power' at the table. A girl of athletic build may snap back to her pre-pregnant shape without lifting a finger; an older woman inclined to fat may have a fight on her hands. But her 'girlish' figure is within reach."

By not making an ordeal of pregnancy, and adopting a cheerful mental attitude, you need not suffer the nausea and vomiting known as "morning sickness." Contrary to popular notion, it is not an inevitable part of pregnancy.

"For the woman who battles nausea—only about one out of three—the trouble may very well be in her mind as much as in her tummy," says Dr. Guttmacher. "The idea of having a baby takes a bit of emotional adjustment, even when the child has been planned and hoped for. Doubt, worry, tension, fear, anxiety—however subconscious—have an undeniable effect on the body. Women who expect to be sick during pregnancy will be; those who think of pregnancy as a natural, healthy function will probably feel good."

With the proper mental attitude, most expectant mothers can get over their fears and emotional nightmares. To achieve that cheerful approach, many doctors are now releasing pregnant women from the cloistered life they once led.

For the "new look" in mothers-to-be, Dr. Guttmacher counsels you to keep your job as long as possible. "Don't be a stay-at-home recluse," he says. "If you're not working, see your friends, work as a volunteer in some community activity, take an education-for-childbirth course at the Red Cross, your hospital, or church. Keep going, if you want to avoid those notorious mood swings."

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