Open letter to mothers-to-be

(Continued)

The notion that it's dangerous for you to take any exercise more strenuous than walking is a myth, the veteran obstetrician contends. The average woman worries unnecessarily even about the effort involved in housework. There isn't any athletic event, whether it's tennis, skiing, golf, or swimming, that Dr. Guttmacher will not permit, unless there is some complication.

"Childbirth," he says, "calls for good muscle tone, and women who go into training for it by taking specific exercises have more comfortable pregnancies, more efficient labors, and better postpartum figures. Sports that take her out into the fresh air are good for the normal mother-to-be."

Some obstetricians, it should be pointed out, bar activities which call for twisting or fast starts and stops, particularly during the first three months when miscarriages are most common. Others, however, believe that you can safely do anything you're used to doing, as long as you don't let yourself get over fatigued. Thus, while pregnancy is no time for a novice to take up tennis, an experienced player would be better off to play than go soft.

Dr. Guttmacher was converted to his theory of exercise by a ballerina who was one of his earliest patients. When she first consulted him, she had completed three months of her pregnancy, and he was curious to learn how much she was dancing. Watching her at a night club, the doctor was amazed to see her twirl, pirouette, and leap in the air, then be tossed like a football between two strong-muscled men. The dancer continued her strenuous career, then had a normal delivery.

A fable still widely prevalent is that you should not raise your hands high above your head—to hang curtains, for example—because "you'll strangle the baby in its umbilical cord."

"That's silly," Dr. Guttmacher says. "The baby cannot be affected by any position which the mother assumes."

As for taking trips, there's no real evidence that travel by any means of locomotion brings on labor, miscarriage, or any complication of pregnancy. Studies of pregnant wives of servicemen during World War II showed that those who traveled with their husbands had no greater incidence of miscarriage, premature labor, or other complications than women who stayed home.

So auto, train, and plane trips are now permitted by doctors like Guttmacher. Driving a car is not injurious to you as long as you can comfortably sit behind the wheel. However, you shouldn't travel in the last half of your pregnancy if you have a previous history of premature labor, miscarriages, or a diagnosis of twins. Nor should you think of a plane trip in the first three months, although with pressurized cabins the ban is not so stringent today. In any case, you should be in the city where you are to be delivered—or within a 50-mile radius—during the last six weeks.

As a mother-to-be, your emergence from the shadowy, bogy era extends to the modern hospital, too. In 1940, nearly half of all women in the U.S. had their babies at home; today, about nine out of ten have hospital deliveries. Labor rooms used to look like cells, with white walls and uncomfortable cots; women were virtually locked in, without communication to the outside. Now, our up-to-date hospitals have maternity rooms painted in pastel blue, pink, or gray; linens are colored and windows have attractive draperies. There are pictures on the walls, bedside furniture, and a two-way communication system with the nurse.

The effectiveness of this new policy was demonstrated a while ago by two Baltimore hospitals which tried an experiment. They decorated their labor rooms like boudoirs, providing "escape" reading matter and soothing music that the mother could turn on or off. Frequent friendly visits from staff members were encouraged. It was found that women undergoing labor in these pleasant surroundings needed less anesthesia in the delivery room than women in the usual labor rooms.

After delivery, you are now permitted to get out of bed within a few hours. You visit other patients down the hall to compare notes and attend classes in which you learn how to bathe and care for your baby. As soon as possible, you are encouraged and taught to nurse your infant. In some hospitals, you would go right into the nurseries. In others, such as Grace Hospital in New Haven, Conn., and George Washington Hospital in Washington, D.C., there is a "rooming-in" system, your baby being brought to you in a bassinette and remaining throughout the day. As in your pregnancy, you become a participant rather than just a bystander.

The gay spirit about modern maternity wards, the early ambulation and the program to keep you busy as a new mother, all have done a great deal to overcome postpartum depression. One of the most devastating complications of childbearing, it occurs about once in every 400 to 500 deliveries. The phenomenon was recently explained by Dr. George C. Merrill of Baltimore.

"The woman who has been unable to deal with difficulties in life is more likely to have emotional problems in regard to pregnancy and motherhood than one who has faced and solved her emotional upheavals adequately."

To prevent postpartum depression, an obstetrician gets acquainted with you as a person rather than as a mechanical problem. Once he gets to know you well enough to understand what pregnancy means to you, he may keep you from being overwhelmed by your problems.

At Mount Sinai Hospital, a psychosomatic clinic for mothers is conducted by psychiatrists, resident physicians, and social workers. Here, mothers-to-be express their fears and have their questions answered. One woman may be worried that when she brings her newborn home, she'll have to share her husband's affection with the baby and that it will make an important difference in their relationship. Another is fearful that she will not measure up as a mother and meet the rigid standards of her own parents or in-laws. Talking it over with a psychiatrist or staff doctor, the women come away calmer, more comfortable.

The other day, a pretty 19-year-old expectant mother came to the psychosomatic clinic trembling in terror. As a child, she had seen her mother die of a hemorrhage from a gynecological disorder. Wouldn't the same thing happen to her in childbirth? The psychiatrist reminded her that medicine has come a long way since then and such deaths don't occur nowadays in big hospitals with blood banks. A fear, of course, can't be amputated from the brain; it can only be assuaged. But the young woman was sufficiently buoyed up so that she eventually had a normal delivery.

The psychological approach to pregnancy and childbirth, and the importance of your emotional attitude, are being recognized by more and more hospitals and doctors throughout the country. They look upon you as a human being while you're bearing your baby, and you appreciate being treated like one. Under such a regimen, childbirth should indeed be a pleasant, rich, and exultant experience for you.

For Mother's Day

by Martin Filchock