

Jon Garvey chews the cud



The personal touch

Potiphar, the metaphysician of this column, whose portrait appears at its head, has been thrown into an anxiety state even before getting fully into the swing of inspiring it. Once again, the bureaucrats of the Sutton Archipelago are to blame.

Feeling far removed from the power struggles and intrigues which have rocked pages 1-136 of the medical press, he was shaken to receive a duplicated note from Surrey House re-quiring him to declare whether he was an registered person (sic) supplying taxable services, before they would pay him any shekels for his ruminations.

Potiphar is not even sure that he is an registered camel, let alone person. His only comfort is that the letter states that IPC Business Press Limited is itself a registered person, so he hopes the financial department will be prepared to stretch a point.

Of bathwater and babies

I find it hard to understand why there is so much opposition in obstetric circles to many of the changes to the British way of birth advocated by pressure groups.

I cannot think, for example, of any good reason to insist that mothers should deliver in a supine position, whereas I can think of several reasons why they should not. After all, few designers of sanitary facilities would expect credit for producing a supine loo, so why should obstetricians feel con-strained to insist that women adopt this position of minimum mechanical advantage and maximum constriction of uterine arterial supply and venous return?

Again, what medical reason is there to forbid patients in labour from stretching their legs, or any other part for that matter? Even if a monitor is in use, there seems little danger in suspending its use for a

few minutes in every hour, especially in the earlier stages (in my experience the monitor is usually out of action because of technical problems for much longer than this anyway).

Such suggestions are hardly revolutionary, and it is very tempting to accuse of reactionism those who prevent women implementing them in their own labours.

For the great majority of complainants against the system, however, these details of *accouchement* are not the principal issue. I have yet to have one of my patients complain that she was not allowed to deliver her baby in the bath or eat her placenta. I have, though, heard several complain that they felt like cattle at the antenatal clinic, that the doctor prodded their uteruses and filled in their cards without bothering to introduce himself or pass the time of day, that midwives were over-strict if not downright cruel, and most of all, that nobody told them what was going on.

A quick glance at this list will show that no revolution in philosophy of facilities is required to make a lot of women, and presumably their menfolk, much happier with their obstetric care. Simply treating people as people will do. Unfortunately, it is very hard to formulate policy on this. I conjecture that even the most natural of natural childbirth methods would become intimidating in the hands of the midwife who wants to go off duty at nine sharp, or the registrar who would rather be playing with a laparoscope.

Nevertheless, we read of practically nothing in the press but natural childbirth, so presumably a large number of people would like to get away from the accepted ways of parturition altogether, into the world of darkened rooms, non-analgesia, underwater delivery, naked mothers and, probably, naked attendants too.

Convinced as I am that pregnancy is a normal, natural state and ought to be treated as such, there is something about these modern developments which smacks more of decadence, and a preoccupation with self-indulgence, than a healthy return to the natural way of things. After all, what's it all for? The baby's the thing. Exponents of natural birth wax enthusiastic about parent-child bonding, but often seem more concerned with an auto-erotic desire to make childbirth fulfilling for themselves.

In more natural societies there is none of this. Women come out of the fields, get the business of delivering the baby out of the way with as little fuss or pain as possible, and then get on with looking after their child. For all the failings of my parents' generation (regimented labourwards, castor-oil and hot baths, enemata, narcotic analgesia, and that final anathema, bottle-feeding) they seem to have had more in common with this approach than the self-conscious naturalism of today. I certainly never noticed any lack of bonding in my own childhood.

Perhaps there is a need for a little less, fervour and mysticism in this business. A woman I know had to have her first baby delivered by caesarian section.



Jon Garvey: "I certainly never noticed any lack of bonding in my own childhood."

She was heartbroken to have missed this most important event of her life. She felt cheated by the medical profession and an outcast among women, and was determined that it was not going to happen second time round. She searched for miles around for a consultant who would agree to do a section under epidural if necessary, paid for private care to try and insure that it wasn't necessary, and chewed her fingernails to the quick until her time came.

In the event, the baby popped out after about three pushes, and she still didn't remember anything about the birth. "I shouldn't worry, you haven't missed much," she told my wife, another victim of unnatural, but 100 per cent successful, child-birth. At least she missed throwing the baby out with the bath water. ■