

Subject: Munchausen's Obstetrics

I've been horrified to discover a pattern of wholesale institutionalized medical malpractice and quackery surrounding the business of birth and child health. I can't account for how this could have come to pass, but the science is difficult to ignore.

First let me mention the epidemiology: a steadily rising rate of symptoms of trauma and brain damage, including ADHD, mental illness and addiction among US-born people, a trend dating back to the post-WWII period when certain obstetrical practices became commonplace.

These practices are now thoroughly entrenched and seem to be immune from appeals to science, human rights or common sense. **It appears that medicine views the bodies of women and children as some kind of empty wilderness waiting to be conquered and colonized.**

I assume you're familiar with some of the huge body of research relating to the enduring effects of early imprinting and abuse of children. Everything from post traumatic stress to sadism, suicide and specific suicide methods have been strongly connected to early experiences in infancy. The implication is that this is the most pivotal time to ensure that the rights and well-being of children are respected and protected, not just for their sake, but for the sake of the people whose lives they impact as adults.

Briefly, this crucial imperative is simply a non-factor in American birthing practices. The huge dinosaur of American obstetrics is creating generation after generation of unconsciously traumatized and often subtly brain-damaged people, people whose lives are often subsequently burdened with criminal behavior, learning difficulties, ADHD, addiction, depression and other mental illnesses and symptoms of brain damage. **These iatrogenic outcomes are entirely preventable, in fact in most cases can be avoided at less cost than the procedures which cause them.** The question of whose interests are served by making birth needlessly difficult I'll leave to your imagination.

The American way of birth (unfortunately spreading worldwide) has now been linked to large increases in rates of mental ailments including depression, anxiety disorders, substance abuse and dependencies by at least 2 large well controlled studies, which both studiously avoided the most obvious conclusion.

http://www.sciencenews.org/pages/sn_arc98/9_19_98/fob1.htm
<http://www.math.missouri.edu/~rich/MGM/birthUSA2.txt>

Post traumatic stress reactions have been noted in American infants returning to hospitals, again while neglecting the obvious possibility that they were remembering birth trauma.

<http://www.math.missouri.edu/~rich/MGM/oldrefs/www.drkoop.com/newsdetail/93/512690.html>

In fact these researchers actually call for more medical intervention to treat "mentally ill infants." The level of denial going on in medicine surely deserves a DSM category all its own.

Furthermore, most of the medical "heroics" which lead to these iatrogenic outcomes are a product of legal pressures and medical culture and incentives rather than responses to actual medical crises. For instance:

1) "The majority of hospitals and obstetricians in this country (still) insist on a birthing position that quite literally makes the baby, following the curve of the birth canal, be born heading upwards.

States Williams: "The most widely used and often the most satisfactory (position for delivery) is the dorsal lithotomy position on a delivery table with leg supports" (Cunningham et al.1989:315). No reasons why this position is "the most satisfactory" are given, but a strong clue is provided in an earlier text:

The supine/lithotomy position is the best. Here the patient lies with her legs in stirrups and her buttocks close to the lower edge of the table. The patient is in the ideal position for the attendant to deal with any complications which may arise (Oxorn and Foote 1975:110)

"This position, in other words, is the easiest for performing obstetric interventions, including maintaining sterility, monitoring

fetal heart rate, administering anesthetics, and performing and repairing episiotomies (McKay and Mahan 1984:111).

"Roberto Caldeyro-Barcia, past president of the International Federation of Obstetricians and Gynecologists, states unequivocally, **"Except for being hanged by the feet, the supine position is the worst conceivable position for labor and delivery"**

Lithotomy Position

<http://www.birthingnaturally.net/barp/lithotomy.html>

This dysfunctional medicalized birthing position is the cause of most difficulties and medical interventions in birth, interventions which are often traumatic and dangerous to both the baby and the mother.

2) "Immediate clamping of the umbilical cord at birth has become a standard procedure during the past two decades. This merits investigation as the cause of increased incidence of autism. Clamping of the umbilical cord before the lungs function induces a period of total asphyxia and produces severe hypovolemia by preventing placental transfusion - a 30% to 50% loss of blood volume – resulting in a hypoxic, ischemic neonate at risk for brain damage.

As in circulatory arrest and other factors that disrupt aerobic metabolism, damage of brainstem nuclei and the cerebellum can result.

Visible damage seen in some cases of autism also involves brainstem nuclei and the cerebellum. The brainstem auditory pathway is especially vulnerable to brief total asphyxia. Impairment of the auditory system can be linked to verbal auditory agnosia, which underlies the language disorder in some children with autism.

Due to blood loss into the placenta, the immediately clamped neonate is very prone to develop infant anemia that has been widely correlated with mental deficiency and learning / behavior disorders that become evident in grade school.

We propose that increased incidence of autism, infant anemia, childhood mental disorders and hypoxic ischemic brain damage, all originate at birth from one cause - immediate umbilical cord clamping.

This deserves to be investigated as extensively as genetics or exposure to toxic substances as an etiological factor for autism. Normal cord closure, with placental oxygenation and transfusion, prevents asphyxia and ischemia.

Allowing physiological cord closure at every delivery could at least reduce the incidence of birth brain injuries."

"Immediate clamping of the umbilical cord before the child has breathed (ICC) has been condemned in obstetrical literature for over 200 years. [1] [2] In the 1970s, primate research [A][3][4] using ICC to produce neonatal asphyxia resulted in brain lesions similar to those of human neonatal asphyxia."

<http://www.cordclamp.com>

The trauma of being asphyxiated at birth after losing half your blood to the placenta can only be imagined.

3) "In 1975, the College Entrance Examination Board commissioned an advisory panel to examine the possible reasons for an alarming continuing decline in the scores of high school students on the Scholastic Aptitude Tests or, "SAT's," a decline which had started with the 18-year-olds born in 1945 and thereafter.

From 1963 to 1977, the score average on the verbal part of the SAT's fell 49 points. The mathematical scores declined 31 points. (1) (...)

"The SAT is designed to be an unchanging measurement. Considerable effort has been made to keep the test a sufficiently constant measure so that any particular score received on a current test indicates the same level of ability to do college work that the same score did 36 or 20 or 5 or 2 years ago. The SAT measures individual students' capacities not only in comparison with their peers in the particular group but also in comparison with

those who took the test in earlier years The SAT score decline does not result from changes in the test or in the methods of scoring it." (2) (...)

"What happened around 1945 that might have contributed to declining academic performance in the United States in the years that followed? Consider this brief history: According to figures from the National Center for Health Statistics, hospitals were the setting for only 36.9% of American births in 1936. By 1945 that figure had more than doubled to 78.8%. In 1950, 88% of Americans were born in hospitals. In 1960 the figure was 96.6% and in 1970, 99.4%. (...)

"A reading of the obstetric literature indicates that there had always been philosophic differences among doctors regarding normal childbirth. There were those who felt it was best to allow nature to take its course and there were those who felt that intervention was better. In the years following the 40s and under the stresses of the population explosion, there was a tremendous acceleration of intervention in obstetric care. Instead of adapting to the time-consuming demands of normal childbirth, the obstetric community (with very few exceptions) changed normal childbirth to conform to the comfort of the mothers and the convenience of the doctors, hospital staffs and hospital routines -- **all at the expense of the fetus and newborn.**"

<http://www.aimsusa.org/academic.htm>

4) "The practice of **routinely cutting the perineum during hospital deliveries** in the United States, episiotomy, has been shown to be the principal risk factor for severe tearing during delivery, which is the injury that it is supposed to prevent.

Nonetheless American obstetricians continue to overuse this procedure ten times more often than is called for. Episiotomy is also a major risk factor for infection, loss of sexual pleasure, and incontinence. Women who have been subjected to episiotomies take longer to heal from delivery, even compared to women who have equivalent tears." Episiotomy: Ritual Genital Mutilation in Western Obstetrics

<http://www.changesurfer.com/Hlth/episiotomy.html>

5) Male circumcision has been linked to severe child psychological trauma,

<http://www.cirp.org/library/psych/cansever/>

adult male violence, addiction and violence against women,

[http://www.cirp.org/library/psych/rhinehart1 /](http://www.cirp.org/library/psych/rhinehart1/)

and brain damage.

<http://www.cirp.org/library/psych/immerman2/>

[http://www.cirp.org/library/psych/brain_ damage/](http://www.cirp.org/library/psych/brain_damage/)

Other research implies that the neurological impact of circumcision is likely to lead to adult violence, sadomasochism and addiction.

<http://www.birthpsychology.com/violence/prescott.html>

<http://www.cirp.org/library/psych/prescott2/>

Circumcision human rights primer:

<http://www.math.missouri.edu/~rich/MGM/primer.html>

6) "ABSTRACT: Twenty years of clinical and behavioral observation indicate that cesarean births cause considerable trauma to babies. The physical and psychological effects are subtle and powerful, occurring at the unconscious level of the infant psyche. Negative impacts include excessive crying, feeding difficulties, sleeping difficulties, colic, and tactile defensiveness. There also may be long-term psychological effects such as rescue

complexes, inferiority complexes, poor self-esteem, and other dysfunctional behaviors and feelings."

<http://www.eheart.com/cesarean/emerson.html>

"Prima Non Nocere: Iatrogenic Cesareans"

"When used inappropriately, medical interventions interfere with the normal process of birth and increase the risk of complications and cesarean deliveries.^{28, 29} A US national survey of birth practices revealed that 93 percent of women had electronic fetal monitoring, 86 percent had intravenous fluids administered through a blood vessel in their arm (an IV), 55 percent had their amniotic sac membranes artificially ruptured, 53 percent had oxytocin to strengthen contractions, and 63 percent had epidurals for pain relief. More than a third of labors were artificially induced. Almost three quarters of the women were restricted to bed, and three out of four were on their backs while pushing their babies out.³⁰

"(...) Our physicians actively resist the implementation of evidence-based practice and don't believe a cesarean rate in the low twenties is a problem.³¹

"Personal accounts from women who have had a cesarean, as well as emerging research, suggest that despite a healthy baby and a timely physical recovery, some women experience cesarean birth as a traumatic event. An unanticipated cesarean is more likely to increase the risk for postpartum depression and post-traumatic stress disorder (PTSD). As in other traumatic human experiences, the symptoms of birth-related PTSD may emerge weeks, months, or years after the event.^{9, 11} Women re-experience the birth and the emotions associated with it in dreams or thought intrusions. They avoid places or people that remind them of the event. Some mothers have difficulty relating to their infants, and some will avoid sexual contact that may result in pregnancy. They will also exhibit symptoms of hyperarousal, such as difficulty sleeping or concentrating, irritability, and an excessive startle response. Untreated post-traumatic stress often leads to clinical depression.¹²"

http://www.mothering.com/articles/pregnancy_birth/cesarean_vbac/sorry-state.html

7) "Flat earth obstetrics is a 21st century version of a medical Dark Ages, in which contemporary medicine has forgotten or ignored the traditional knowledge base and physiological principles necessary for normal labor and safe, spontaneous birth. **Flat Earth Obstetrics is the belief that medical and surgical interventions are necessary in every normal childbirth, despite evidence that such a policy is harmful.** The term is derived from the insistence by religious and political leaders during the Dark Ages that the earth was flat despite evidence to the contrary.

"The problem with the current form of obstetrical care in the United States is the **uncritical acceptance of an unscientific method** -- the routine use of interventionist obstetrics for healthy women with normal pregnancies.

"Medicalizing normal childbearing in healthy women makes childbirth unnecessarily and artificially dangerous."

"Obstetrics has been rated as the least scientifically- based specialty in medicine" [Dr. Ian Chalmers 1987].

<http://www.sciencebasedbirth.com/>

8) The medical community's "guidance" on breastfeeding is a scandal in itself. Even without the now abundant evidence of the immunological, nutritional and psychological benefits of breastfeeding for the baby, and its psychological, hormonal and physiological benefits for post-partum mothers, common sense and human empathy would strongly argue against intervening in this intimate time of mother-child bonding. Yet generations of American children have been denied this once-in-a-lifetime opportunity for normal health, growth and emotional well being on the basis of little more than uninformed medical hubris working in concert with a well-financed corporate marketing campaign.

<http://www.lalecheleague.org/NB/NBbenefits.html>

<http://www.babymilkaction.org/>

OB's are routinely pulling babies out with forceps and suction machines, pulling and twisting their necks and spines to compensate for the dysfunctional birth position. Babies often come out with huge bruises, dents and bulges on their heads where various devices were attached. Presumably the brain is easily injured in such situations.

The real kicker in all this is how easy it would be to avoid:

The Truth About Birth

Leaving Well Alone: A Natural Approach to the Third Stage of Labour

<http://www.childbirthsolutions.com/articles/birth/thirdstage/index.php>

"I always thought there was no other way for me to give birth- that I was a birthing failure; incapable of birthing without an induction jumpstart or a surgical incision. For five childbirths I always "needed" my doctors to create my birth experiences for me, and to save me from my own birthing inefficiency and hopelessness. (I was actually addicted to their "helping" me, and was always effusive in my gratitude for their efforts.) But then with my sixth, I just couldn't do it again- I couldn't go back to another hospital to give birth... I was just too hurt and broken inside.

"I found a lay midwife, and had the beautiful, easy birth that I am intended to have. I finally gave birth as a full, luscious woman-all my own hormones, in my own safe place- with no fingers in me, or straps on my belly. (Or knives in my belly.) I simply pushed my baby out and went to bed."

A letter from Leilah McCracken

<http://www.birthlove.com>

Early organized medicine saw midwifery was successfully competing with them in terms of safety and affordability while undermining their claims to scientific authority, so they mounted a campaign to force them out of the birthing business in the early 20th century.

http://www.collegeofmidwives.org/safety_issues01/rosenbl1.htm

The next thing our altruistic medical profession did, after eliminating one of the few professional opportunities available to women at the time, was to discard their accumulated wisdom and pathologize and try to control the whole process, rather than let nature take its course. The results have been disastrous. It seems medicine's appreciation of its own ignorance and compulsion to intervene is governed by the same principles which guide the EPA's approach to chemicals in the environment: innocent until proven guilty. But while the economically conflicted medical research establishment is busy catching up with monkeys and dogs in its understanding of birth and child care, children are being hurt, with often life-long consequences.

I urge you to investigate this issue. Once you crack open this Pandora's Box, I guarantee your life will never be the same. But you will have many allies, and as public awareness is raised, this country will experience a time of self-reflection that will profoundly change it for the better.