The Politics of Intra-Uterine Life: How Society Reaches Within the Womb

Author: Jacobs, James

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Full Text: What can the pregnancy and childbirth experience have to do with society? How can the involvement of a pregnant woman, possibly a father, a physician and a hospital, a relatively small group of people, involve society; or conversely, how can society effect what is going on in the womb itself? The facts, as you will soon learn, are that pregnancy and childbirth are so embedded in the total structure of a culture that examining these two critical items will tell us much of the way a culture views the world. As Margaret Mead (1949) put it after her study of many different societies and their birthing practices: Whether childbirth is seen as a situation in which one risks death, or one in which one acquires a baby, or social status, or a right to Heaven, is not a matter of the actual statistics of maternal mortality, but of the view that a society takes of childbearing. Any argument about women's instinctual maternal behavior which insists that in this one respect, biological substratum is stronger than every other learning experience that a female child faces, from birth on, must reckon with this great variety in the handling of childbirth. It cannot be argued that childbirth is both an unbearable pain and a bearable pain, both a situation from which all women shrink in dread and a situation towards which all women naturally move readily and happily, both a danger to be avoided and a consummation devoutly to be desired. At least one aspect must be regarded as learned, and it seems simpler in the light of present knowledge to assume that women's attitudes toward childbearing and men's attitudes toward childbearing have complex and contradictory elements in them, and that a society may pick up and elaborate any one, or sometimes even a contradictory, set of such attitudes. When we look at the changes that need to be made in the childbearing field, there is a tendency to regard only the mother, father, physician, midwife and hospital personnel and procedures. These are the people most immediately related to the events of pregnancy and birth. However, these events are only the final outcomes of a lifetime history of events which create a viewpoint or phenomenology which is then accepted as the only reality or true facts of those situations and how they are experienced. The person approaching these intense experiences brings with her/him the sum total of the ways she/he has lived her/his life. The fetus, the child, the adolescent of today is the parent of tomorrow. The impact of societal institutions throughout the lifespan will mold and shape these events. The needs of these "developing parents" can be viewed as a component of the human "birth cycle." As the creation of life is a continual process from one generation to the next, there is not really a beginning or end to the cycling process and one person's cycle soon overlaps with other people's cycles at different ages. Many professionals believe that fetushood is a legitimate place to start looking at personality formation. In order for that fetus, who will later become a parent, to have the best possible birthing experience both as a newborn baby and as a parent many years later, we must begin to build a healthy personality in the womb. Whether or not the world is perceived as basically good or evil, whether the universe, later translated to other people, can be trusted or not, may have its origins during this period of time in a person's life. The information on pre-natal life comes from a diversity of sources including depth psychotherapies, regressive hypnosis, psychoactive drug research, psychosis, dreams, psychohistory and artwork. Other sources include the more empirical evidence from both laboratory animals and humans, Sontag and Keeleys' studies are two good examples of these. Sontag studied pregnant women who had very stressful experiences during pregnancy and the later behavior of their babies. In relatively severe emotional stress, such as the death of a family member, babies later born had numerous psychosomatic problems and were highly irritable, thus setting the groundwork for problematic relationships in addition to possible personality changes. Keeley set out to create artificially stressful environments for the fetal mouse by injecting the pregnant mother

with different combinations of stress chemicals produced by both mouse and human mothers. The mice were removed from their mothers at birth and raised by "foster" mothers who had not received injections to rule out the possibility that the mothers' behaviors had changed to cause changes in their offspring. Depending on the various combinations of stress chemicals fetal mice were exposed to, they would become markedly "overemotional," that is, react to any stimulus with extreme agitation, or markedly "underemotional," and fail to react with fear response or anger responses appropriately. The worst known adverse factors are more concrete and include: nutrition, drugs-including medications, cigarettes, and alcohol-, and health of the mother. Nutrition alone has been found to be correlated with low I.Q., poor abstract reasoning, hyperactivity, cerebral palsy, clumsiness, blindness, deafness, impaired spacial ability, delayed speech, abnormal electroencephalogram, prematurity, difficulties during labor with all the interventions and iatrogenic problems that may result, and death. The effects may even cross generations. In laboratory animals, one malnourished generation during fetushood cannot breed properly and their babies are low birthweight and brain weight. Other interventions such as X-ray, or as the latest research suggests, ultrasound may also effect genetic material over more than one lifespan. As we move along the "Birthcycle," the birth itself helps to set the stage for future births. Again, the question from the baby arises, is this place a good or bad place? Does it meet my needs or ignore them? Klaus, Leboyer, and Odent have all focused on this time period as a critical time in the development of positive relations between the infant and the world, the basic point being an ability to understand the world of the infant as a feeling human being. Interventions which cause pain such as circumcision, fetal monitoring, blood typing; interventions which cause drugging such as maternal pain medication, caesarian surgery, labor inducing drugs, and impersonal handling of baby, mother and father are going to take their toll someplace, and the most likely place is the next generation of births. That these events may not be consciously remembered does not mean that they are not remembered. The work by the Cantanos with learning and memory of newly born laboratory animals indicates that memory is stored in different patterns, such as by smell in early life. The gestalt most likely to activate these is another birth. As the person moves into infancy, there is more and more research available on the importance of love and caring through parental interaction, tactile comfort, rocking, warmth, and many other factors. That these factors effect later "parental" behaviors has been amply demonstrated by Harlow, whose mistreated as infant monkey mothers attempted to abuse and kill their own babies later on. All the developmental areas will eventually come into play: trust, autonomy, independence, etc. A study by Chertok found that mothers who refused to participate in childbirth preparation programs differed on the basis of a comprehensive history taken previously. The mothers who refused showed a predominance of negative and ambivalent relationships throughout their lives. As the "developing parent" moves into childhood, the skills needed for successful interaction with the world and other people need to be nurtured. In some cultures, children are exposed to the realities of childbirth from the youngest age with no apparent psychological damage. Research with children who observed births in America found regressive and abusive behavior towards siblings was reduced by 1/3 to 1/2. Irrational ideas such as birth by operation, oral regurgitation, and anal birth are corrected. Although we hope that most adults "know" a little more about the normal birth process, we must remember that semivoluntary bodily behaviors, especially stress chemicals which effect labor, can be based on old "forgotten" learning. The other factors of childhood include continuing nutritional needs of the developing child/parent, and the creation of a healthy body emotionally and physically. The healthier a person is the fewer problems they will have with any stressful event. Currently the whole field of "physical education" is wrongly oriented for the creation of parents. There is an over-emphasis on "using" the body mechanically or competitively goal-orientedly instead of an orientation towards the body as unique, an instrument for expression and pleasure, and an aspect of the total person and personality. In addition, pain and stress management strategies and techniques need to be taught as early as is feasible to counteract the extreme overdependence on drugs to relieve the slightest discomfort. Researchers are now saying that fat soluble substances, which include many medications and other substances such as pesticides, will stay in the body indefinitely, and during pregnancy,

gradually infuse into the developing fetus causing increases in abnormalities in fetal development. A study by Mehl asked midwives to list the personality factors they felt led to positive birth experiences from their own observations of births. They included: independence, self-reliance, ability to accept support from others, acceptance of womanhood, honesty, trusting, self-image of strength, integration of mind and body, ability to form loving relationships, and internal locus of control. These characteristics are not those which can be suddenly acquired; they need support throughout childhood. In adolescence, there is a more urgent need for reproductive information. Twenty percent of the births in the U.S., about 600,000 per year, are to teenage parents. These births account for a large percentage of the low birth weight babies born, low birth weight in this case meaning inadequate nutrition with all the ill effects previously discussed. Many of the babies are unwanted and unplanned for; the parents have received little factual information, and they are poorly prepared. Other cultures use the onset of menarche for the dispensing of birth information as a rite of passage for the woman. Our culture needs to wake up to the facts. The costs of neglect of this need are lifetime damages which society pays for in terms of increased health costs, increased taxes, increased problems or all kinds and unacceptable suffering by victims of this lack of paying attention to the needs of the unborn. Information on family planning, the needs of pregnancy, and abilities for making responsible decisions are all needed during this period of time. The obvious place would be as part of the continuing curriculum in schools tailored towards the needs of each age group. During pregnancy itself the couple is in need of a support system. This can be accomplished through the company of other couples sharing the same experience as it often happens through childbirth preparation classes. Most of the actual information should already have been transmitted in some way far before this time. Preparation for the stresses and pain that might occur should have been trained earlier; but, as birth is so clearly imminent, all this can take on new meaning in the context of the real thing. The cycle clearly is doubling back on itself now as those who are pregnant can teach those who are not by sharing of experiences for learning. Pregnant couples can become teachers to children and youth to help answer questions and speak about the experience. At birth, the couple may require support. No one can predict what will happen, and a birthing assistant may prove very helpful. Parents may need greater or lesser degrees of verbal support and on the spot guidance. First time parents may require gentle assistance with a variety of tasks including breast feeding, and early infant care. With the decline of the extended family, the birthing assistants need to fill this function to a degree. Childbirth classes are certainly helpful. They cannot, however, fill in a lifetime of societal abdication for preparation of these events. What is really needed is thinking "BIG," that is to examine the changes needed in our whole cultural fabric to make this central event the best possible with the resources available. Looking at the lifecycle of the individual gives us a picture of the time dimension of the birth process, but tends to minimize the effects of the large systems on the birth process. This is the other dimension that must be addressed. Because childbearing brings with it the entire history of a person, those major institutions of society which influence the life of a person are involved in the pregnancy and birth event intimately and irrevokably. If a person's life is thought of as a stream running from one point to another, then the social systems are like the banks, rocks, and waterfalls which are the landscape that twists it this way and that, guiding it around boulders, dropping it occasionally to new levels. There are many social systems, or ways to divide society into social systems. All of them effect pregnancy and birth in some way. They include: the educational system, the health care delivery system, the social welfare system, the recreational system, the media, the religious systems, the economy and the political/legal systems. The ones we will focus on in this limited time are the educational system, the health care delivery system, and the political/legal system. The educational system comprises all those institutions which are charged by society with the responsibility for creating a knowledgeable populace. These include schools from kindergarten to graduate and professional schools. In our times, people are supposed to learn how to function in society, at least with basic skills, through the educational system. One of the things that most people do is bear children, hence there is some responsibility of this system to prepare people for this event. This is not to "pick on" educational institutions; they

respond to public priorities, but they offer such a perfect opportunity for reaching large numbers of pre-parents at many critical stages in their development. During childhood and adolescence, many of the skills discussed earlier can be taught in schools. Curriculums are needed which prepare children for the real world which includes stress and pain. Stress management techniques, pain control strategies, decision making, family planning, reproductive information and joyful physical education are all needed for optimal childbearing. But, you might ask, who shall teach these things? The answer is part of the same system. Who teaches teachers? The educational system in the form of colleges and graduate schools does. Physicians are also trained in educational institutions along with the entire medical staff. I hope that you can begin to see just how pervasive one system can be. Its effects ripple out through other systems and people and even through time itself. What about childbirth educators? There is a need, but there are few, to my knowledge, accredited programs in this area, although in America there is an upsurge in nurse-midwifery programs. What about "birth psychologists?" We don't even exist within any system as yet. The type of training that health caregivers obtain needs much improvement in the areas of communication skills, decision making skills, nutritional background for childbearing, and other areas. Even the selection process for professionals needs obvious changes to produce the type of professionals that will create an optimal environment for childbearing. Let's move on to the area of the health care delivery system. This system includes all medical personnel, hospitals, public health efforts, and birthing centers. This has been the most common entry point of the pregnant couple into the birth preparation network. Changes in this system can occur intergenerationally for the whole system through the educational system as was previously pointed out. In addition there need to be several clear changes in philosophy. The "illness" model which makes assumptions that dysfunctions are created by a disease or "germ" is just not applicable to an event such as childbearing. If there is a dysfunction of pregnancy or birth, the most likely causes at this time in history are poor nutrition, lifelong neglect of health including physical and emotional health, psychological factors, lack of specific skills such as with pain management, and iatrogenic factors brought about through the health care system in response to the failure of society to provide people with all of the above. A list of ideological changes might look like this: 1. Birth is not a disease! Although there may be medical aspects in some areas of the birth experience and complications in a small percentage of births, this does not make the entire event a medical event. 2. There needs to be a shift of emphasis from health care provider to recipient. That is, a recognition that the sum total of the way a person lives her life will effect her health and the childbearing process. The health care provider cannot save either parents or baby from the dire and lifelong consequences of not recognizing that health is a lifelong event and takes care. A focus on the "miracle" cures of medicine is misleading to the public and creates a medically and socially false destructive myth of security leading to increased passivity. 3. Values that parents hold are important. They will effect the childbearing process. The professional must respect these values or refer the parents to someone who will. 4. Psychological factors during pregnancy and childbirth are important and their neglect can cause grave damages resulting in lifelong costs to the infant, parent, and society. 5. The parents have the right to make their own decisions based on unbiased information. The parents have a right to be informed on the research or lack of it about any drug, test, scan or techniques that may be used. The changes in facilities and options that are open to parents are already developing. As the birth field develops public demand is having an effect. This is something that upsets some health planners. Planners often want plans to be "neat" and parsimonious. However, birth itself is not a particularly "neat" event. The changes mean that a four level system of birth assistance is developing to meet the needs of the parents. The birth system can be seen as a range of least to most intrusive technological supports for the birth process. The first level is that of homebirth assisted by midwife. Then follows the free-standing birthing center, the in-hospital birthing center, and traditional in-hospital high-risk preparation birth. Should there be one best type of birth option? Clearly the answer at this time is no. As the values, emotions and learning experiences vary from parent to parent, any one of these four alternatives may be "best" for a particular couple. Problems arise because the childbirth preparation process for one system

may not "fit" another. This creates problems for the "lifelong" approach previously discussed; but as the whole field is in flux at present, it must be remembered that it will probably coalesce in the future to a more stable system. As for now, the final preparation must thereby occur as "close" as can be determined. The last system I'd like to examine is the political-legal system. This system provides laws under which birth is societally defined. These laws can radically effect the birth process by declaring, for example, that mid-wifery is not allowed, or that all births must take place in a hospital, for example. There are also legal bars to dispensing information about family planning or even about the physiological facts of reproduction. In America, it is estimated that 4/5's of all pregnant adolescents receive no education on pregnancy or birth. These under-20 mothers have a 20% higher fetal mortality rate, 30% higher infant death rate, and a 36% higher prematurity rate than the rest of the population. Yet there are laws which prohibit the dispensing of information about nutrition during pregnancy as pregnancy is part of a discussion of "human reproductive organs and their functions" under the law in some states. Law is written by legislators. It must be remembered that professional guilds Such as medicine, nursing, psychology, etc, will move to protect their own professional interests. This means that hospitals will try to influence legislation that benefits hospitals; physicians will try and influence legislation that influences physicians; nurses for nurses; psychologists for psychologists; midwives for midwives. The question then arises, who looks out for parents and the unborn child? The only group that I see as legitimate in this area is the parents themselves. If they abdicate this function, then legislation will certainly be moved by the groups with the strongest power base. Hence, parents must take action as parents. This brings me to the point where we must look at what can be changed and how to change systems for the improvement of the childbearing experience. Social change is a long process with few quick rewards. The momentum of institutions and systems is tremendous. This does not mean that changes can not be effected, but rather that changes will be slow in coming. What I am suggesting is that everyone who hopes to become a parent set aside some portion of their time to work at changing the system for the better. It doesn't have to be a lot of time, and certainly, most people won't set aside any time. For those people who read this and want to help, here is my suggestion. Pick an area of childbearing that is personally important to you. Find friends, other parents, people at your workplace, or anyone who is also interested in changing this aspect of childbearing. Work within your own community and discuss the changes you'd like to see. Involve the people who will be involved in the changes as early as possible so that as many of the effected parties will have a say in plans. This is called a "transactive" approach. There are also more active approaches such as publicity, writing, setting up a resource center, volunteering time as professionals within the system you want to change, and others. There are even very active approaches such as public boycotting of facilities, lawsuits, demonstrations and public pressure on legislators. All of these approaches have proven effective at one time or another. Each person needs to find a method that fits her or him and the situation. I hope this discussion has given you a useful map to look at the birthcycle within social systems and that all of you will become effective change agents. References

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