

## Attachment or Loss Within Marriage: The Effect of the Medical Model of Birthing on the Marital Bond of Love

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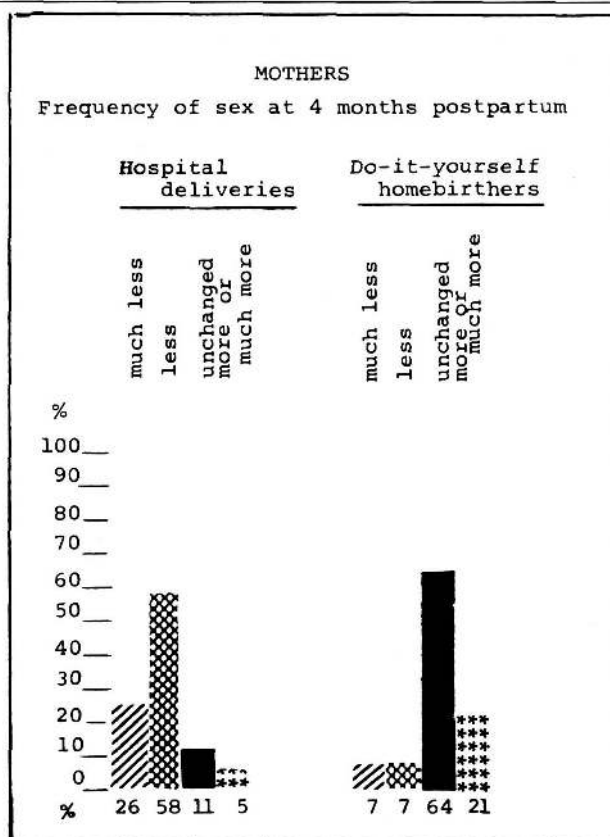
**Full Text:** Headnote ABSTRACT: This paper compares marriages of couples who gave birth at home in a private, loving, intimate way with a group who delivered in the hospital using the customary medical model of birth. Significant differences were found between the two groups at 4- and 12-months postpartum regarding the quality of the love relationship. The do-it-yourself homebirthers revealed far more compatibility in their marriages than did their hospital-delivered counterparts. INTRODUCTION Everyone is distressed at the climbing divorce rate among couples, some of them married many years. But no one seems to know how to prevent marriages from breaking up. The blame for this situation has been placed on such diverse causes as patriarchy, the economy, and television. However, it is the inadequate formation of the bond of love, itself, which is the culprit. According to John Bowlby, M.D., the social bond of love between a baby and its mother is established when the baby smiles at mother and she smiles back. He calls this action of the mother (or mother substitute) the "appropriate response"<sup>1</sup> for her to make. The infant's babbling and the mother's babbling back to the child reinforces the allimportant attachment between them. If, however, the mother fails to respond appropriately and doesn't mirror the child's gesture, the child will withdraw and cease to smile and babble. Serious consequences for the child can result from this rupture in the developing mother/child bond. Some children have become psychologically and socially arrested because of it. As the past is prologue,<sup>1</sup> it seems likely that the bond of love between husband and wife is initiated in a similar way. The exchange of lovers' smiles and words is then followed by a series of gestures by one member of the love dyad (usually the man) being mirrored by the other resulting in stronger attachment between the two. As in the formation of the mother/child bond, if at any stage the appropriate response is not forthcoming, the affectional bond between the lovers is ruptured. When this occurs during one of the early phases of bond formation, such as hand holding, no great psychic harm is done. Each party just goes their separate way. When the couple has entered marriage, however, the genital expression of the husband in the intimate love act of coitus calls for a similar action by his wife. If pregnancy should occur, the genital expression of birth in an intimate, husband/wife way is the appropriate response for her to make if Bowlby's attachment model holds true. Behaving in a contrary manner seriously weakens the love relationship between them creating great stress and alienation. There is no more stressful period in a couple's life than during the months following the birth of a baby. The tensions and difficulties which husband and wife experience in their sexual relationship at this time is a topic that has been widely discussed in the popular literature. "How Motherhood Can Threaten Marriage,"<sup>2</sup> "What Happens to Sex After Motherhood,"<sup>3</sup> and "Sex After Childbirth: Why Many New Parents Experience Unexpected Sexual Problems"<sup>4</sup> are titles of just a few of the articles that have appeared. As they indicate love in the afternoon, or at any other time for that matter, is a rarity for couples during the postpartum period. Furthermore, the situation remains so for several months and many times it lasts a year or even longer. Articles on the subject in the professional literature are just as somber. The alienation and frustration that new parents experience is so pervasive that James and Jane Pittenger described the period as "a breeding ground for marital and parental maladjustment."<sup>5</sup> Harriet E. Lerner found that husbands, while feeling proud also find themselves to be "superfluous, inadequate, envious, and excluded."<sup>6</sup> Lucy R. Waletzky concluded her study of the postpartum period with the words, "expectations must be changed so that, instead of an idealized picture of postpartum happiness, couples expect stress to accompany parenthood."<sup>7</sup> As far as the relationship of mother and dad is concerned, it appears that a new

baby is not a bundle of joy but rather an irksome burden to be endured. The reasons given for the change in a couple's love life following the birth of a baby are either the mother's lack of interest due to discomfort at the episiotomy site, fatigue from the long hours involved in caring for the infant, or what is referred to as the madonna syndrome.' According to a spokesperson for the LaLeche League, the mother-infant bond is so strong it tends to be exclusive of all others. "Many women find that the intensity of the mother-infant bond in the early postpartum weeks simply does not allow for a close physical relationship with their husbands."<sup>8</sup> While admitting that sexual responsiveness varies considerably for the same woman and that some women actually experience a heightened sexual responsiveness during the period they are breastfeeding a baby, the article goes on: "More often, however, sex takes a back seat for weeks or months after a baby is born. Husbands, not surprisingly, are hurt and confused by their wives' sudden lack of interest in the physical side of their relationship. Not only is the baby taking the lion's share of her time and energy, he's robbed Dad of his sexual partner, too! No wonder the birth of a baby has come to be recognized as one of the most stressful times in a couple's life."<sup>9</sup> In his book, *When Men Are Pregnant*, Jerrold Lee Shapiro<sup>10</sup> spoke of a mother's sexual 'gatekeeping' whereby she determines whether or not the couple will engage in sexual activity. According to him, this behavior appears in the second trimester of pregnancy and continues well into the postpartum period. Most articles are anecdotal which describe how new fathers are shut out and shunted off by their wives whose attention is diverted to the newborn. LB. Gordon and Elaine Carty, however, studied the problem by interviewing 20 couples who were from six to eight months postpartum. They simultaneously interviewed each husband and wife separately in the couple's home to prevent either one from influencing the other's answers and to encourage the individuals to be candid in their replies. During these sessions the same interview schedule was administered to husband and wife, and the researchers alternately interviewed the men and women. They found that there was a great lack of communication between husbands and wives about their sexual feelings. Whereas women noted a decline in their sexual feelings and behavior, men reported little change in desire, although they noted decreased frequency in coitus. One husband even confided that the sexual relationship had deteriorated to such an extent that he had to "get some on the outside."<sup>11</sup> Fischman, S., Rankin, E., Soeken, K., and Lenz, E., of the University of Maryland Schools of Nursing and Medicine also documented the problem under discussion. A questionnaire, entitled *The Intimate Relationship Scale*, was developed by Fischman to measure perceived changes in intimacy and sexuality. It was sent to 93 couples at four months postpartum and to 235 couples at 12 months postpartum. (Response rates were 73% for women and 60% for men among the fourmonth postpartum group, and 54% for women and 46% for men in the 12-month group.) The couples were asked to fill out the KS without comparing answers while doing so. According to Fischman and her colleagues, "This study revealed significant disruptions and disparities in the intimate and sexual lives of middle-class, well-educated couples following delivery." In conclusion they state, "A satisfying sexual relationship requires motivated partners, undivided attention to mutual gratification, and freedom from outside interferences. The postpartum period is replete with factors and events that interfere with all or some of these dimensions."<sup>12</sup> During the past several years a new slant has appeared in the birth literature, namely, statements calling birth a sexual experience. There's hardly a book or magazine article on the subject today that doesn't mention it. For example, Thomas R. Verny, M.D., wrote, "Many mothers experience strong sexual feelings during birth."<sup>13</sup> Lewis E. Mehl, M.D., wrote, "Birth is always intimate and sexual, although the intimacy and the sexuality can be masked."<sup>14</sup> Michel Odent, M.D., said, "I became convinced that birth, far from being a 'medical problem' was in fact an integral part of sexual and emotional life."<sup>15</sup> And Sheila Kitzinger wrote, "Birth itself is a sexual act, with all the passion and intensity of a love affair which binds together mother, father and baby. Our society rarely acknowledges this, and too often treats birth as if it were a matter of efficiently extracting a baby from a woman's body as painlessly and in as short a time as possible, rather like a tooth might be extracted by a dental surgeon. We have to relearn the psychosexual nature of childbirth and provide an environment for active birthing in which its passion can be rediscovered."<sup>16</sup> Using the same techniques during childbirth as had been

used during the conception event restores that passion. Take love making, for instance. Dayna Diuguid-Bielata said she made love with her husband, Phil, when she was about 4 centimeters dilated. "My water broke right after that and I progressed rapidly. Talk about intense orgasm! This was like millions of little endless ones that climaxed into a feeling of pure and utter love!"<sup>17</sup> One possible reason why Dayna progressed so rapidly is that seminal plasma contains the hormone relaxin which softens the cervix and lengthens pelvic ligaments. Other activities which are recognized as having beneficial effects during labor are nipple stimulation, "French kisses", and perineal massage and support. Penny Simkin even suggests "manual or oral stimulation of the clitoris"<sup>18</sup> provided that the membranes are intact. Furthermore, Drs. Andrew and Penny Stanway<sup>19</sup> mention that the midwife could be naked, if the laboring mother would like this, as skin-to-skin contact has been found to be helpful in those cultures where it is traditionally used. Not surprisingly, a growing number of couples have concluded that the ideal environment for the sexual experience of birth is the dimly-lit seclusion of the couples' own bedroom where the sexual experience of conception had taken place. For the past 14 years this writer has edited a newsletter for do-it-yourself homebirth couples entitled *The New Nativity*. During this period 244 personal accounts of intimate, husband/wife homebirths have been printed in it. Many of the writers of the homebirth stories had previous children delivered in hospitals. They found those experiences unsatisfactory for various reasons (one compared it to being raped). So they searched for alternatives and discovered there was a choice between the medical model of birth with what Robbie Davis-Floyd called its emphasis upon "the inherent defectiveness of the mother's birthing machine"<sup>20</sup> and the personal model in which mother's innate biological competence is recognized by herself and her spouse and both creatively and joyfully enter into the experience.

**RESEARCH** We decided to find out if couples who deliberately give birth at home in a tender, loving, uninhibited manner experience the same difficulty during the postpartum period as those who deliver in hospitals using the standard medical model of birth. To achieve this goal we turned to couples who had submitted birth accounts for publication in *The New Nativity*. Fischman kindly provided this researcher with a copy of her Intimate Relationship Scale which she described as a 12-item, Likert-type scale<sup>21</sup> with five response options for each item ranging from much less to much more. Copies were made of it and sent out to 32 do-it-yourself homebirth couples, 16 at 4 months postpartum and another 16 at 12 months postpartum. The response rate was 88% (14) for mothers and 60% (11) for fathers in the 4-month group and 88% (14) for both mothers and fathers in the 12-month postpartum group. Of the 12 items on the IRS, Fischman published statistics for only three of them. The first one reads, "Since the birth of the baby the frequency that my spouse and I are having sex is . . ." She reported responses to it by mothers at four months postpartum as: much less, 26%; less, 58%; unchanged, 11%; and more and much more, 5%. Of the mothers who gave birth at home with just their husbands with them, responses concerning frequency of sex at four months postpartum were found to be: much less, 7%; less, 7%; unchanged, 64%; more and much more, 21%. These responses are in marked contrast to those of the hospital-delivered subjects in Fischman's study, as can be seen in the following bar graph:

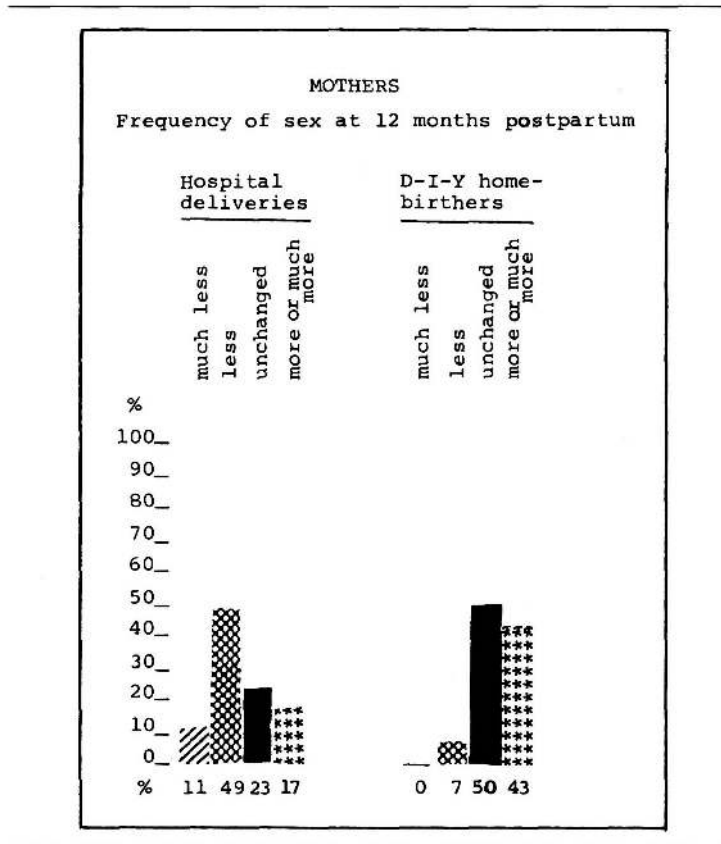
**FIGURE 1**



Of the mothers who had delivered in the hospital, four months later 84% of them were having sex less or much less frequently than before the baby was conceived, whereas of those mothers who gave birth at home in the privacy of their bedrooms with just their husbands only 14% were having sex less or much less frequently. At 12 months postpartum the difference between the two groups is also dramatic. (see Figure 2.) A total of 60% of the mothers who had delivered in the hospital reported that they had sex less or much less frequently when their babies were one year old in comparison with the do-it-yourself homebirth group where this figure was 7%. Ninety-three percent of the latter group said that the frequency in sexual relations was unchanged, more or much more. A similar contrast is found in the fathers' statistics for each group. (see Table 1.) Regarding the fathers in her survey, Fischman commented, "In an apparent response to their wives' decreased sexual desire, the majority of fathers in this study reported decreased frequency of sexual intercourse at both 4 and 12 months [those figures being 66% and 62%, respectively]. Gordon and Carty support this finding, highlighting the 'gatekeeping' role that many women assume with respect to sexual intercourse."<sup>22</sup> Among the homebirthers, however, the opposite situation obtains. Rather than a decrease in frequency of sexual relations, 63% of the fathers reported at 4 months that it was either unchanged or greater than before the pregnancy occurred and at 12 months postpartum 78% reported it to be unchanged or of greater frequency. In regard to any keeping of the gates, clearly the wives of these men had a propensity to leave them ajar for their husbands most of the time. Another item for which Fischman provided statistics concerned the mothers' and fathers' desire for sexual intercourse. At both 4 and 12 months postpartum slightly under 50% (48/43) of the mothers indicated their desire was less or much less, and slightly over 50% (52/57) indicated it was unchanged, more or much more. Not surprisingly, the fathers registered greater desire for sexual intercourse than the mothers, with 75% of them indicating unchanged, more or much more desire at 4 months postpartum and 85% of them designating these feelings at 12 months. In contrast, 93% of the homebirth mothers in the 4 month postpartum group, as well as

93% of them in the 12-month group, designated that their desire for sexual intercourse was unchanged, more or much more. As for the homebirth fathers, 100% of them designated unchanged, more or much more to denote their desire for sexual intercourse at 4 months postpartum and 93% of them did so in the 12months group.

**FIGURE 2**



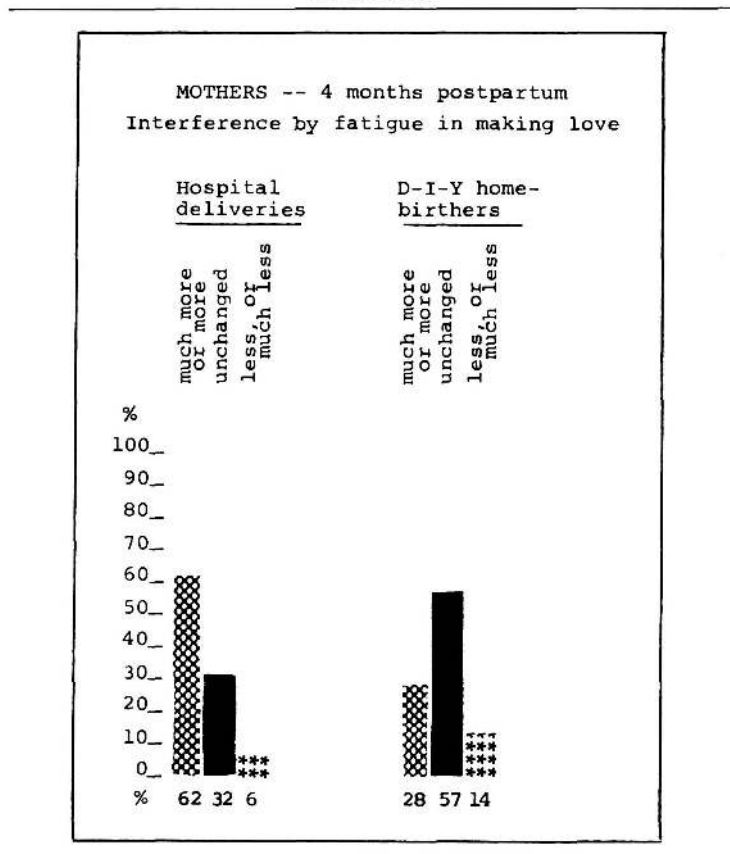
The final item for which Fischman provided statistics starts, "My feelings of fatigue interfere with our making love . . ." While the fathers' responses in both groups (hospital and home) showed little interference from fatigue, the disparity between the two sets of mothers regarding this item is worth examination. (See Figure 3.)

**Fathers: Frequency of sex at 4 and 12 months postpartum.**

	Hospital deliveries		D-I-Y homebirths
	%		%
<i>4 months</i>			
much less	27	} 66%	9
less	39		27
unchanged	25	} 34%	45
more and much more	9		18
<i>12 months</i>			
	%		%
much less	14	} 62%	7
less	48		14
unchanged	20	} 36%	57
more and much more	16		21

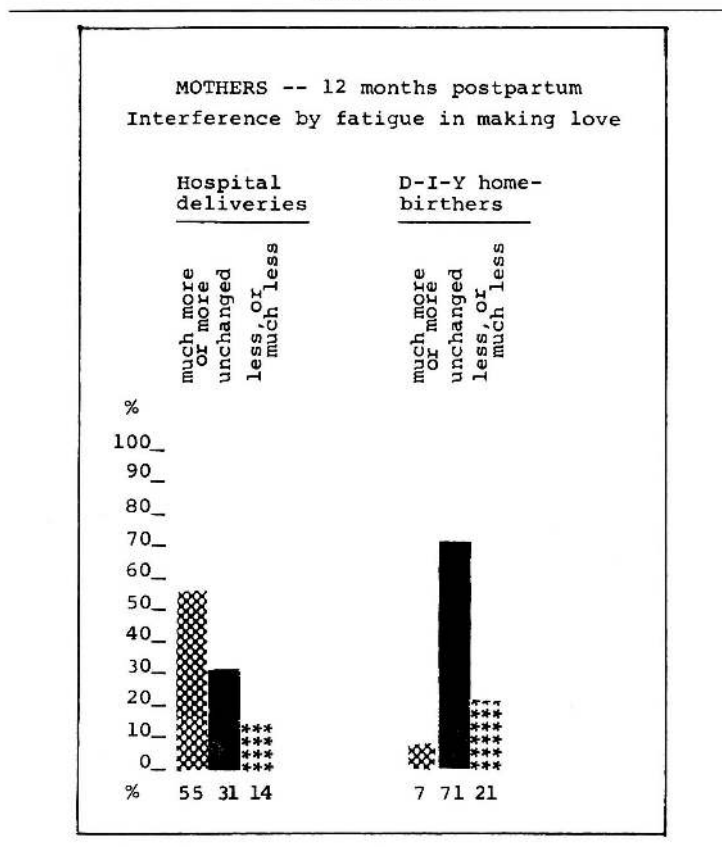
At 12 months postpartum the difference between the two groups of mothers is even more pronounced. (See Figure 4.) It is a mystery as to why 55% of the mothers who delivered in the hospital were too fatigued at 12 months postpartum to enjoy sexual relations with their husbands when only 7% of the homebirth mothers suffered the same complaint. Certainly the mothers in both groups had similar demands made upon their time for cooking, cleaning, shopping, and car pooling, in addition to infant care. One item for which Fischman did not provide statistics, to our regret, was the one which reads, "Since the birth of the baby, my feelings of closeness to my spouse are. . . ." Nevertheless, we are providing our statistics for this item in Table 2 as we feel they are pertinent to this discussion of the marital bond of love. Not one person among the homebirthers indicated any diminishment in the closeness they felt toward their spouse at either 4 or 12 months postpartum. Relatively few indicated it was unchanged, while the great majority indicated it was more or much more than before.

**FIGURE 3**



Furthermore, some of the participants in our research commented on the heightened sense of closeness which they now felt toward their spouses. Here is one of them: We've always believed that birth was a private, intimate experience, much akin to love making. We don't believe in taking pictures during birth, having siblings and/or family present, etc. I also believe it is too private to discuss all the intimate details. However, I will say that this, our only truly private birth, was the pinnacle of our married experience. The only regret that I have is that I didn't do it 10 years ago, when my husband first wanted to try it!!!

**FIGURE 4**



Many of the homebirth accounts that have appeared in *The New Nativity* also contained references to the greater love and closeness which now exists between husband and wife. Catherine McKenna wrote, "The love that is made at a D-I-Y birth is so big and strong and warm that it is unforgettable and changes your life. . . . I do believe our marriage relationship was strengthened in a special way. I fell in love with Pat all over again-just crazy in love. I couldn't take my eyes off of him. We have grown in deeper respect for each other. And our sexual relationship has improved."<sup>23</sup>

**TABLE 2**

	<i>4 months postpartum</i>		<i>12 months postpartum</i>	
	<i>mothers</i> %	<i>fathers</i> %	<i>mothers</i> %	<i>fathers</i> %
Since the birth of the baby my feelings of closeness to my spouse are				
much less	0	0	0	0
less	0	0	0	0
unchanged	14	36	0	21
more	57	45	43	50
much more	29	18	57	29

Hermien Cronje, of Victoria, Australia, had this to say about the experience. "I felt whole again and I am forever thankful to Pieter. There is an aura of beauty surrounding my life. I have no words, really. I feel warm and loving toward my kids and toward Pieter. I even have good sexual feelings as opposed to last time, after Bridgette's

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birth. I have this feeling of a job well done. Also, that nothing can touch me, that I am strong."<sup>24</sup> Fathers also have spoken enthusiastically about the experience. According to Steve Parrish, "The bottom line is there is nothing like the closeness and caring I felt for my wife after giving birth together. My respect and admiration for her was heightened immensely. We had this baby together with God's help. I believe that this is the way God intended it to be done, and the warmth and closeness I feel towards my wife will never leave me. . . . It is a very complete feeling, the final word in marriage and love."<sup>25</sup> Jim Hunt, in describing the birth of his daughter, said something quite unique regarding the degree of closeness he and his wife attained. The baby's "little head popped out face downward into my hand. Carefully I held her and then a second or two later the rest of her slipped out entirely. She was soft beyond telling, and warm and heavy in my hands. . . . Beth and I were so close in that instant that, though we had two bodies, one of them was superfluous."<sup>26</sup>

**CONCLUSION** It would appear that contrary to what LaLeche League had written, the mother-infant bond is not so great that it can't permit the father of the child to retain his central role in the love life of his wife. However, when a wife, in obeying culture's dictates, delivers in a hospital with a third party, she fails to make the appropriate response to her spouse's genital ejaculation of 9 months earlier, thereby aborting the final, critical stage of development in their conjugal bond of love. Such action by a wife brings great pain and disappointment to her husband. An osteopathic physician, who at one time delivered babies, wrote in *The New Nativity*, "Looking back, I know I was guilty of stealing the show from many fathers. I shall never forget the look of rejection on the face of one particular father who was severely reprimanded by his wife for touching his newborn daughter as mother and daughter were wheeled out of the delivery room."<sup>27</sup>

Our research indicates that the tension and stress experienced by hospital delivery couples at 4 and 12 months postpartum is much less, at those same periods, in the lives of couples who had given birth at home privately in a tender, loving, uninhibited way. Admittedly, the number of subjects in our research population is quite small. Also, there was no attempt to match the two groups for such characteristics as age, parity, income level or education. It was impossible because Fischman's IRS didn't contain such information about her subjects. In studying the 244 personal homebirth accounts printed in *The New Nativity*, however, it became apparent that there was one characteristic which distinguished these couples from those who deliver in hospitals. It was their high level of self-esteem. These couples felt eminently capable of giving birth without assistance from others. Furthermore, they wanted to do it. It just seemed the right thing for them to do. Unlike their hospital counterparts, they experienced no unsavoriness about the task at hand. Quite the contrary, as the following quote by Renate Herberger clearly indicates: "When my waters broke, it was a gentle, quiet morning; dawn had not broken, and yet there was a feeling of brightness as we tasted the pink champagne of amniotic fluid and found it good, a reminder of the sea. The words of transformation "drink this, this is my blood" spoken 2000 years ago all of a sudden took on a very feminine meaning as we began this journey of birth together-bonded in the river of emerging life."<sup>28</sup>

For many years Dr. William H. Hazlett, a Kingston, Pennsylvania, obstetrician, permitted fathers to deliver their own babies while he sat nearby, giving pointers. It was his observation that to a husband who acts as midwife during his wife's birth experience "comes self-esteem, a consolation prize of no small value; not only to each and the unity-seeking couple, but also to others. For self-esteem is a catalyst to love and a feeling of justice toward others."<sup>29</sup> It is a blow to a man's self-esteem when a third party prevents him from participating in his wife's birth experience in a tender, loving, tactile way. He interprets his wife's acquiescence to be a rejection of him. While she, sensing something amiss, turns to the infant for love and affirmation, he must spend many weeks and even months trying to reestablish the affectional bond that had been ruptured. The significant disruption and disparities in the intimate and sexual lives of couples following delivery, of which Fischman and many others have taken note, is a condition generated solely by the medical model of birthing. It's not the baby who robs Dad of his sexual partner, causing him pain and confusion; rather one must conclude it is the obstetrician, the self-appointed surrogate for the father during the conjugal act of birth, who actually does it. This unavoidably marks the marriage relationship in the months to come and, conceivably, in the years to come as well. Some marriages crack under the strain. It is



hoped this study will stimulate further research with a larger population in a more controlled way to determine if, indeed, the birthing environment and experience significantly affects the quality of the marital relationship as this initial study indicates. Also, using data from the do-it-yourself homebirth community might yield fresh insights as to the causes of other disturbing problems. Postpartum depression and wife battering are two such topics worth considering.

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