# Life As We Know It

Risha Deitsch

A long, long time ago (September '98) I bravely (yes, it took courage) used this space to write about routine induction of labor, and routine sonograms. Please carefully note the word ROUTINE, as it is very important. Being against routine induction is not the same as being against any and all induction.

Important: Carrying out a medical procedure when someone needs it is vastly different from carrying it out, oh well, ho-hum, so what, she'll be fine, just routine, why not, no big deal, we do this a hundred times a day.

The intrepid Rivka Reinetz of Junior N'shei Chabad asked me, together with beloved labor coaches Chaya Hurwitz and Rochel Vail, to address some commonly asked questions about childbirth. And together with my sister, Zeesy Posner, I gave a workshop on this topic at the California convention. All in all, what I am trying to say is that pregnancy and birth are hot topics lately in my life, and all I can share with you is life as I know it, hence, I bring you...

## Questions raised at the Junior N'shei event ("From Conception to Birth") on January 16, 2001:

**Q. Since doctors have many more years of education than midwives do, wouldn't it be wiser for me to use a doctor rather than a midwife? Isn't more education always a good thing?**

A. Let me try to answer a question with a question, just to prove my lineage. When you need a tutor who will get your child excited about multiplication tables, do you hire one who speaks three languages? No! You hire one who is into maths and sciences, not one who loves poetry. Here too: Doctors have a lot of education in pathology, drugs, surgery, and interventions of all sorts. Their education colors their perspective, and affects the way they see and treat pregnancy and birth. And while sick women or women with complications need that perspective and should use doctors, healthy women experiencing normal pregnancies need a whole different perspective, a different set of skills, and a lot of knowledge which is not taught in medical schools.

A midwife, a good midwife, is like her name: With Woman. She stays with the woman, even for hours and hours, skillfully finding natural ways to ease her pain and help

her through it. She knows different positions and which is good for what. She knows when and how to use oils and compresses. A doctor will not do this. He shouldn't be expected to. It's not his job. He never claims to be completely focused on only one woman throughout her labor. He is likely to have numerous women in labor at the same time. Studies show that just having one support person stay with the laboring woman the entire time without leaving improves outcomes. And if you're a believer in higher education, why not a labor coach who also has medical education, which is, by definition, a midwife? Go to a doctor when there's a complication or the likelihood of a high-risk situation, chas v'sholom, and go to a midwife when you are healthy and want a natural, nonmedicated birth.

Very little happens at a birth that is really sudden and unpredictable when there is constant vigilance by a professional, medically trained birth attendant. Unpredictable things happen much more often when the doctor has several healthy women laboring at once and he stops in only intermittently, relying on several nurses or a fetal monitoring machine to keep an eye.

**Q. When I got to the hospital before my last birth, my doctor did a sonogram "just to see where we're up to"... and with my previous pregnancy, he did two sonograms "to ascertain the due date" since, he said, overdue is higher risk. Is there anything wrong with all these sonograms?**

A. Yes, lots, but just to be brief: First of all, there's the unnecessary anxiety, which takes its toll on the couple as well as the unborn baby. Many, many times, the sonogram finds something that MIGHT be wrong, we'll know for sure at the next sonogram, or at the birth. Meanwhile, nobody takes into account the terrible anxiety the mother and father go through. Sleepless nights and tearful days are not free. They carry a price, and should be avoided if possible.

Secondly, there is the inaccuracy factor. Sonograms are often inaccurate when it comes to the sex of the baby, they are even more inaccurate when it comes to the health or illness of the baby, and they are extremely inaccurate when it comes to predicting due dates. Give an experienced birth attendant a calendar and a tape measure, and he or she will give you an accurate due date (taking into account the Divine sense of humor, of course).

Have an honest conversation with a sonographer, off the record. You'll be amazed at the stories of how they just guess at what they're supposed to be "measuring." It's not a science. Don't you know people who took three sonograms and got three different, widely varying, due dates?

Thirdly, there are the risks of the great unknown. Countless medical tools were pronounced safe when they were first invented. Only decades later were the risks discovered. Two examples are X-rays.... Yes, there was a time when they were declared 100% risk-free... and thalidomide, a drug used to prevent miscarriage, which caused gross deformities. There is as of today no healthy old person who has had multiple sonograms done on him as a fetus. Since it's all an experiment right now, why should you volunteer to be the guinea pig?

The Rebbe's views on ultrasound as given to me by Rabbi L. Groner are printed elsewhere in this article.

An exciting new development in English books disseminating the Rebbe's words is the publication of the much-awaited Volume 3 of Eternal Joy, by Rabbi Sholom Wineberg, published by Sichos in English. All three volumes of Eternal Joy are filled with carefully sourced and translated comments from the Rebbe to individuals who wrote to him asking questions about Shidduchim (Vol. 1), engagement and marriage (Vol. 2), and married life and sholom bayis (Vol. 3). Volume 3 also has eighteen pages of letters on pregnancy and childbirth that I found fascinating and read in one sitting (okay, maybe that's just me).

This from the brand new Volume 3: (p. 58) "Man was created in a certain way, and attempts to interfere must lead to complications. The human body is infinitely intricate. Disrupting its natural functions inevitably causes problems."

Of course, when the Rebbe writes to one person it is not necessarily applicable to the general population. But at the same time, that which the Rebbe says to one person always has some value for the rest of us. There are letters where the Rebbe advises a couple having sholom bayis problems to involve friends. There are letters where the Rebbe advises a couple to keep their problems completely to themselves! Obviously, different situations require different responses. But then there are also letters where the Rebbe makes it clear that his words apply to everyone. Besides reading these books, it is fascinating and enlightening to read the Rebbe's Igros Kodesh on any topic one may be wondering about. The footnotes often will refer the reader to more letters on the same topic. It is all there.

**Q. My last baby was born by C-section, and now for my next one, the doctor is leaving the choice up to me. I'm thinking to avoid that long, hard labor and just go with the C-section. Is there a problem with that?**

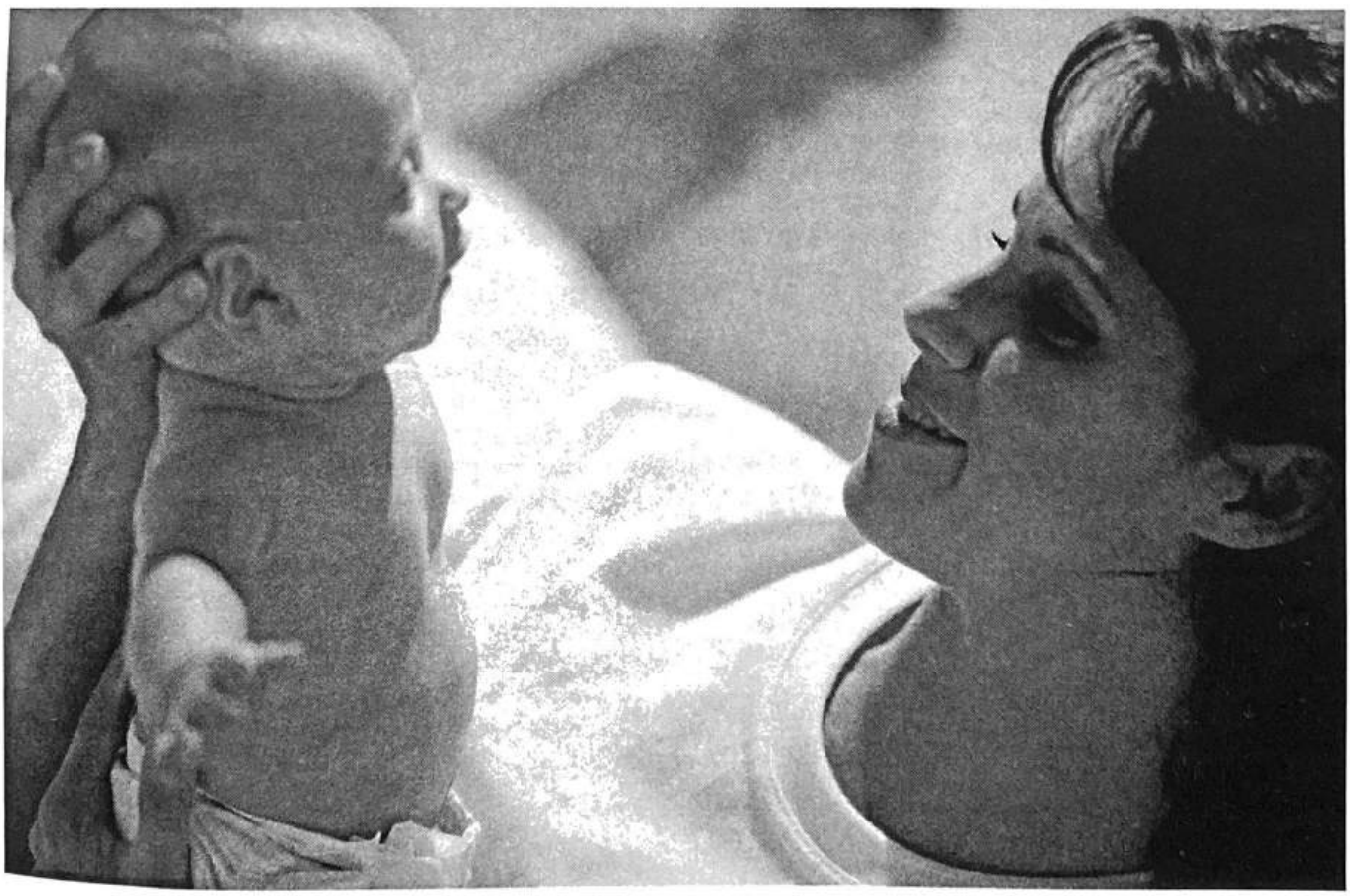
A. The absurdity here, as I see it, is the fact that the doctor is giving you the choice. Giving birth and having major abdominal surgery are not two equal options. Giving birth the way nature intended is so much healthier and easier on mother and baby. The Rebbe repeatedly said, in many sichos and letters, that we should respect what he calls the "seder habriah," the order of creation. Common sense bears this out. But even aside from that, C-sections are so much riskier than giving birth yourself.

Dr. Mayer Eistenstein, an obstetrician in Chicago and a prolific author, sent me a copy of his booklet, Unnecessary Birth Interventions. In it, he writes:

"C-section is between two and ten times more dangerous for mother and baby. Our infant and maternal mortality rates place us last among the top twenty industrialized nations." In Holland, for example, where the C-section rate is much lower than ours, infant and maternal mortality rates are much kinder. Elsewhere, Dr. Eisenstein says, "C-section births carry a much higher rate of infection, hemorrhage, organ injury, complications from anesthesia, and death." But you don't have to travel to Holland to have your baby. When the doctor offers you the option of a planned C-section, without medical justification, refuse and find someone else to take care of you. And stay away from obstetricians like Dr. David C. Walters of Vernon, Illinois who made the following statement: "I do not believe that the scientific evidence demonstrates that routine vaginal delivery is superior to C-section for mothers and babies." More absurdity.

**Q. I've heard about people having their babies at home, and I think they're completely nuts. I mean, what if something happens, something unpredictable? It seems to me that hospitals are safer places to be just in case. Wouldn't I be taking unnecessary risks by giving birth anywhere other than a hospital?**

A. There is something that people don't like to accept, because it's unsettling, and that is that until Moshiach



comes, childbirth will always carry some risk. It can never be 100% safe, no matter where you are or who is with you. There is a set of risks associated only with hospital births, and there is a set of risks associated only with home births. Pick your set. **You just can't have no risk.**

A hundred years ago, when all women were giving birth at home, there were certain problems they were powerless to solve, leading to many mother and baby deaths. Let's call those Risks A, B, and C. Hospitalization eradicated those risks. No longer do women die because their babies are lying crosswise and they can't get a C-section. No longer do we lose babies because we can't resuscitate them.

But what happened? Instead of moving only the problems into hospitals, we moved ALL women into hospitals and into the hands of doctors. By doing that, we eradicated Risks A, B, and C, but we created, for the healthy woman, Risks D, E, and F.

It was a tradeoff and healthy women, 95% of the population, come out the losers. For the 5% who require serious medical intervention, it is great, a lifesaver.

By conservative estimates, 98,000 people each year in this country die of hospital error. 19,000 die each year from infections they pick up in hospitals. And some 58,000 pick up infections that contribute to their deaths. Then of course there are all the people - you must know one or two yourself - who get infections in the hospital, and survive them, but still, they suffered with the infection, antibiotics, etc. Newborn nurseries are famous for these. Repeated internal exams on healthy laboring women, often by an assortment of staff members, also contribute to the infection rate (see box on what the Rebbe says about these).

Entering a hospital is never risk free, even if the birth goes well. All those people wearing white are not so sterile, and the comforting hum and bustle of the hospital may be lulling you into a false sense of security.

Of course, home birth is still not for everyone. First of all, there is a rigorous screening process, in which women who may be at risk of problems are screened out. These include (but are not limited to) women with diabetes, heart disease, high blood pressure, previous history of problems, and more than one baby inside. These women may need to be in the hospital. And secondly, some women just want to be in the hospital. That's where they should be. Some women just want to be in a birthing center. That's where they should be. When giving birth, women should be where they feel most comfortable and safe, after they've done their research.

**Q. I really want to have a natural childbirth, but how will I survive it? Are there any tips you can give me to help me through it?**

A. First of all, get a good midwife. If you won't do that, at least have a good labor coach, someone with experience and good references who will stay there and help you, hands-on. I have a friend who had backaches for a year after her epidural. For her next birth, she signed up with a labor coach so she wouldn't wind up with another epidural. As soon as it got hard, she turned to the labor coach and said, "I can't take this. Should I just get the epidural?" And the labor coach replied, "Well, dear, if you think you need it." Such comments are not what we need a labor coach for. Get someone really good. There are marvelous labor coaches who make all the difference to mothers in labor, who work their fingers to the bone helping women with kindness, patience and skill.

Maybe it would help to remind yourself of the long-term risks versus the short-term benefits of medical pain relief. I am thinking of a woman I met at Saposh (nursing supply store in Boro Park). She was on crutches. We got to talking, and she told me that the epidural just didn't wear off after the birth. For three months after giving birth, she was in a wheelchair. Thank G-d now she can walk on crutches, and she's getting better every day. I remind myself of women like her who don't do well because of choices made for the short-term, and suddenly I can handle it for another few minutes, and then another few minutes, and finally, it's over, and I did it. And you can too.

It is highly unlikely that you will end up like the lady on crutches. But nursing problems are common among "epidural babies," says lactation counselor Sara Chana Silverstein: "I literally see babies who are stoned." And it is not unusual to hear a woman tell about her different births and her varying nursing experiences, and to make the connection: the births where she didn't have epidurals, she did have successful nursing experiences. The first few minutes, hours and days are crucial.

**Q. Is there anything wrong with having the doctor break my water (amniotomy) to speed labor along, getting an epidural, or doing other things to make the labor easier or shorter? I'm no martyr, I don't like suffering!**

A. The little things we can do to make labor easier or shorter are indeed no big deal. Our babies and we are likely to survive our epidurals and amniotomies. But those little things are the first little baby steps onto a slippery slope. And you know the problem with slippery slopes: Once you step on one, you can't get back on solid ground so easily. You slip and you slide, and maybe you slip all the way down and land with a thump on your back in the operating room. So remember the slippery slope. Routine induction, routine internal exams, epidural, amniotomy,

etc. can be just the first little baby step onto it. Once you let them break your water, you're open to infection and must give birth within 24 hours. That deadline leads to more and more desperate interventions. Once you take an epidural, you have to lie in bed. Now the baby is more likely to go into fetal distress, from which it will be rescued by a C-section.

(And then the mother will thank the doctor, profusely and humbly, for saving the baby's life. What's the difference between a doctor and a fireman? They both put out fires, but the fireman doesn't also start the fires.)

You say you don't want to suffer, you're no martyr. That reminds me of a story I heard from Rochel Gruen, a midwife in Monsey. Rochel tells about her daughter's science project. They were going to hatch chickens.

Somehow, their teacher got a hold of fertilized eggs. And the children watched over their eggs for days and days, keeping them warm, but not too warm, and fluffing up the straw. Finally, the big day came. There was a crack, and a wiggle, and lots of pecking, and after a few hours of this and much exertion, the first little chick emerged, panting and sweating and lying on her side, exhausted from her long ordeal. Soon after, the second one followed, the same way.

And all the kids in the class felt sorry for the chicks. They wanted to help them enter the world with less suffering. They figured, why be a martyr? Why suffer?

So the next time a baby chick was ready to hatch, and the egg started to crack, instead of letting it spend hours pecking and wiggling its own way into the world, the children helped it. With one crack, they opened the egg and let the chick out.

All the chicks born the regular, exhausting, hard-work way were fine and healthy within a few minutes of birth. The ones that were helped did not thrive.

There's a seder habriah in this world. Don't mess with mother nature unless you're sure you have to.

**Q. My doctor says an episiotomy (surgical incision) is preferable to a natural tear. What do you think?**

A. Natural tear? Episiotomy? There's a third option: No stitches at all. Stay intact.

I have yet to meet the obstetrician who will really spend the time and effort and concentration needed to avoid a tear or an episiotomy. They see it as no big deal, just a very small operation, really. They say, "I'll only do it if you need it," and then do it. But there are episiotomies that do cause long-term damage, and there are tears that

cause women not to enjoy their babies at all for the first week. They didn't have a Cesarean, but they're still in agony.

An intact woman can really bask in the simcha of having a new baby in the family.

This is not the place for a detailed discussion of how a good midwife prevents tears. I'll just say: Your body is important. Stitches are not "no big deal" for the new mother who has to go home with them. Go for the third option, stay intact.

**Q. I've heard you say that ever since the Rebbe called for an awareness of tznius during labor and birth, you realized that this was just one more benefit of using midwives over male doctors. I object to that. When it comes to guarding our lives, and our health, we are supposed to find the best person for the job, and not care whether that person is male or female.**

A. I agree with that statement wholeheartedly, and I don't see how it contradicts my statement. If everybody were determined only to find the best person for the job, healthy women would be using midwives. Women with health challenges would be using doctors. If you could show me how male doctors have better outcomes (on healthy women) by any measure, than midwives, I will switch to advocating male doctors today. I, like you, only want the best person for the job. By any measure-C-section rate, mortality rate, morbidity rate, infection rate, need for stitches, success in nursing, Apgar scores-any way you want to measure it - midwives have better outcomes.

And, speaking of tznius, I wonder sometimes about the Halachic justification for women to have routine internal exams (see first and second paragraphs) from a male doctor during pregnancy and labor. These are allegedly done to assess the state of the cervix, but there are no proven benefits of this (to a healthy woman) and there are risks. (See box on this page.) As a matter of fact, this practice, routine in many obstetrical practices, is so iffy that there are debates in medical circles about whether they do more harm than good.

Apparently there was an attempt to carry out a Europe-wide controlled trial in order to find out once and for all if routine internal exams are more likely to be helpful or more likely to be harmful.

Guess what happened? The study was abandoned before it was completed because obstetricians in the United Kingdom said, "We feel it is unethical to subject half of our clients to routine internals, which we know can cause infection, early onset of labor, and other problems, and have no proven benefits." Meanwhile, their French counterparts were also eager to drop the study, because, as they said, "We feel it is unethical to withhold from half of our clients something so valuable as routine internals during pregnancy and labor."

Isn't science wonderful? It's so... scientific.

*When Moshiach comes, nobody will be childless, and birth will be easy and painless. Until then, everybody who has a baby by any method has earned my respect, and women who have not experienced the miracle and gift of birth and smile anyway are the real heroines. A kosher and happy Pesach to you and yours.*

*Special thanks to Anthony Stewart of the InterNational Associati5on of Parents and Professionals for Safe Alternatives in Childbirth (Napsac) for his kind help.*

Free Translation of the Rebbe's Letters (from Yiddish and Hebrew)

Volume 15, page 165, paragraphs 4 and 5:

In connection to the doctor's examination, in general these examinations are extra and unnecessary, and therefore one must avoid an internal examination as much as possible, and it seems clear that although the doctor may gain additional information, there is no use in it, and therefore in a gentle, polite manner, being careful not to offend the doctor, one must avoid the internal examination, and I hope that the doctor will not insist on it, when he sees that you are unhappy with it, and knowing for himself how little there is to be gained from it in a practical way.

Regarding nursing the baby yourself, this is very, very appropriate, and especially in the last few years, even American doctors have begun to speak and publish on how good it is, both for the mother and for the child. And regarding this that you write that you have sensitive skin, do not dwell on this, as it is normal and as it is supposed to be, as it says, "Hashem made human beings correctly, etc." Hashem should help that the birth will be in an easy manner and in a good and successful time, a complete and healthy newborn, and to raise him to Torah, to Chupa, and to good deeds. With a blessing to [report] good news...

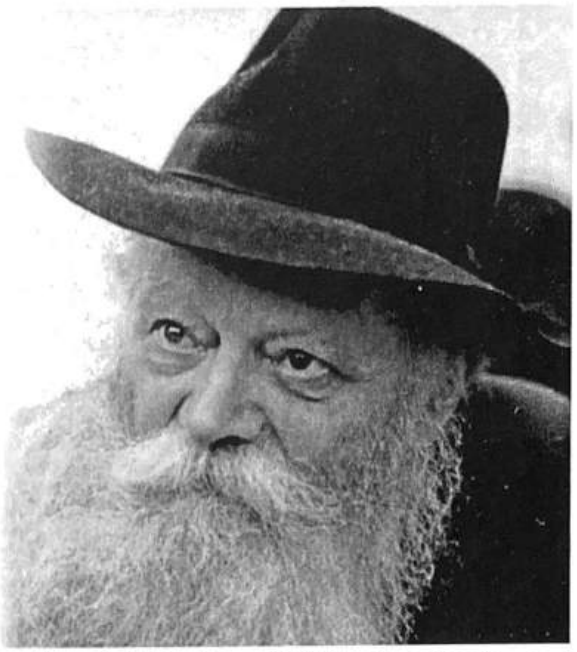
Volume 11, page 164:

It is understood that what I wrote in my previous letter, that it is correct to avoid internal examinations, applies only during pregnancy, and not to before pregnancy and after giving birth.

Volume 11, page 66:

...Regarding this that your wife... will be visiting the doctor in the coming week... I am sure that you will ask the doctor that if she wants to do an examination, it should not be internal, since there is no purpose in it except in gaining information, and there are other ways to gain information such as urinalysis, etc., and these should suffice.

# What Did The Lubavitcher Rebbe Say About It?



**1** About husbands in the delivery room, the Rebbe said (19 Kislev 5747), "It is obvious (poshut) that the husband may not be present in the delivery room while the birth is taking place." The Rebbe requested that all Rabbonim issue their own local psak Halacha regarding this. The Rabbonim of Crown Heights issued a psak Halacha (4 Teves 5747) saying that husbands should not be in the room when their wives are giving birth, adding that "scrupulously modest behavior is for the true benefit of the birthing mother." (emphasis in the original)

**2** Rabbi Laibel Groner, member of the Rebbe's mazkirus, said that the Rebbe stated clearly that the labor room was also not the place for a husband. (Age-old wisdom as well as new research confirm the wisdom of this; women do better in every measurable way when attended in labor by women.) Furthermore, the Rebbe said that while their wives are in labor, husbands should behave in the manner prescribed by the Tzemach Tzedek to his son, which was to say the following Chapters in tehillim during his wife's labor: 1, 2, 3, 4, 20, 21, 23, 24, 33, 47, 72, 86, 90, 91, 104, 112, and 113 until the end of Tehillim.

**3** About hanging Shir Hamaalos on the walls in the room with the laboring woman, the Rebbe said (19 Kislev 5747) that years ago, when women gave birth at home, surrounded by Yidden, seforim, mezuzos, etc., the baby would automatically be born into holiness, and his first look would be at kosher and holy things. Now, when women give birth in hospitals, we must bring Shir Hamaalos to the hospital in order that the baby's first sight should be of something holy.

**4** Rabbi Laibel Groner said that the Rebbe was against routine sonograms "just to see the baby," "just to make sure everything is okay," "just routine." The Rebbe only agreed to a sonogram if as a result of the sonogram, specific action might be taken (if Halachic and safe—see #5), or specific advice might be given to the expectant mother, and even then, only after a second opinion agreed that a sonogram was necessary.

**5** Rabbi Laibel Groner said that the Rebbe was against tampering with the unborn baby through procedures which carry some risk to the baby, such as amniocentesis, fetal surgery, etc.

**6** Rabbi Laibel Groner said that the Rebbe approved of artificial induction of labor only when medically indicated, confirmed by a second opinion, and not being done for convenience (doctor's or mother's).

**7** The Rebbe said that anxiety during pregnancy affects the personality of the baby. (So why risk needless anxiety by undergoing routine pregnancy screening, which is so often inconclusive anyway? -Rishe)

**8** The Frierdiker Rebbe explains in Likutei Diburim that our thoughts actually affect what happens to us, to the good more than to the opposite. When we think positive, the outcome is likely to be positive— likelier than when we busy ourselves preparing for, and expecting, the worst.

**9** The Rebbe said (19 Kislev 5747) that in medicine in general, the state of mind of the patient affects the outcome, and that this is so "especially in obstetrics."

**10** The Rebbe said that "it is known that what a one-day-old baby sees and hears will have an influence on the child even many years later." (Eternal Joy, Vol. 3, p. 71)

*This list is far from all-inclusive. The Rebbe said much, much more than this on these topics. Special thanks to Rabbi Avrohom Osdoba, Rabbi Laibel Groner, and Mivtza Taharas Hamishpacha for their help in compiling this information.*

*Rishe Deitsch*