Journal Mothers Testify to Cruelty in

SUZANNE SZASZ

"I was disturbed by your article, because I feel that I owe my life and the life of my first child to my obstetrician. He didn't leave my side for more than a few minutes for over forty-eight hours." MRS. W. S. K.

ED. NOTE: This unsolicited reader's letter came in just as the December issue was going to press.

Dear Editors: Danny is nine, a third-grader. We are grateful for that even though we know that Danny is working at a lower level than his classmates. Everything could have been so very much worse.

Danny is the victim of a delayed delivery. He suffered a brain injury from lack of oxygen at birth. Now, nine long years later, we are learning to accept the results of imprudent, thoughtlessly administered anesthetic while nurses waited for a doctor who took too long to come.

Danny is friendly and blond, with a grin that long ago flashed its way into our hearts. He learned to walk at nine months and to ride a two-wheel bike before he was five. They said he had good muscle co-ordination. He still has, and we are thankful for that too.

We weren't worried when Danny didn't pass the first grade. "Some children are slow starting," his teacher said. "He'll go right ahead next year." And he did. But the next term he fell behind. That was when they started to test him, when they finally called in the psychiatrist. And that's when they first told us.

There are no words to describe how it feels when you learn that your own child is retarded. Our first reaction was that it was some hideous mistake. Then little things came back. It had taken him so long to talk. The "immature" report from kindergarten. The "requires extra attention" on report cards. We went back month by month—every childhood illness, every possible injury—until finally the facts of his birth, alone, stood indicted.

I still cringe when I remember the night Danny was born. I was in a large hospital in a well-known city, and I had a reputable and popular obstetrician. At ten-thirty, a nurse told me that my baby had "crowned" and that he had black hair. Then she called the doctor. When the doctor didn't arrive in time, they stopped me from giving birth by holding my legs together until I was given anesthesia. The time of delivery on the birth record is 2:30 A.M.

What happened during those three and more hours when I was held under anesthesia is only now evident. When I first saw Danny he was asleep. For several days it was almost impossible to rouse him long enough to nurse. On each side of his head there was a swollen purple bruise, but the obstetrician denied he had used instruments. "The birth," he said, "was free of all complications."

It would not be true to say that we haven't felt anger. But against whom do we direct it? I honestly believe that most doctors do not realize how common it is to delay a birth. And can we blame the nurses? Might not this birth be the one with complications? Isn't the nurse safer in delaying until the doctor arrives?

This fall we are expecting another child. We have arranged to drive twenty miles to the only hospital in our city that allows husbands to be with their wives during delivery. If I am given anesthetic before our doctor is in attendance, my husband will call in any available doctor to complete the delivery. This, for now, is our only defense.

From my heart, I appeal to all parents: The responsibility for careful delivery of your unborn child rests on you. Request, and if necessary demand, the best attention obtainable. Let us not produce more children who, for the sake of a few hours' convenience, must travel through life with one part of their minds unresponsive.

Name withheld

Somewhere on the West Coast

Maternity Wards

By the hundreds, JOURNAL readers in letters applauded our May article, "Cruelty in Maternity Wards," and have suggested ways in which *all* women may be helped to find childbirth the joyous experience it now is for most women.

By GLADYS DENNY SHULTZ

In November, 1957, the LADIES' HOME JOURNAL published a letter from a registered nurse, asking that we "investigate the tortures that go on in modern delivery rooms." Within a few weeks of publication, our offices were flooded by hundreds of letters from readers, largely confirming the charges made by the registered nurse.

In May, 1958, we published Cruelty in Maternity Wards, an article which pointed out the generally fine care given to women in childbirth, but which also revealed areas where care should and must be improved.

Once again, the offices of the LADIES' HOME JOURNAL were overwhelmed with letters—many, many hundreds of letters. The letters are still continuing, and the time has come for a further report to our readers, for a further discussion of our position.

"I was strapped to the delivery table on Saturday morning and lay there until I was delivered on Sunday afternoon; with the exception of a period early Sunday morning when they needed the delivery table for an unexpected birth. When I slipped my hand from the strap to wipe sweat from my face (this was in July) I was severely reprimanded by the nurse. If it had not been for a kind old lady who used to be a midwife in Germany, I doubt if I would have come out sane. . . . For thirty-six hours my husband didn't know whether I was living or dead. I would have given anything if I could just have held his hand." MRS. L.J.G.

We should like, first of all, to stress that in taking up once more the cause of our mothers, the LADIES' HOME JOURNAL does not indict hospitals in general or the medical profession as a whole. Registered Nurse said in her original letter: "I know that thousands of women are expertly and considerately treated during childbirth for every one that endures cruel treatment." We are happy to agree with her opinion. We cannot, however, relax our concern over the one in thousands who suffers needlessly.

Outnumbering letters critical of the JOURNAL, by seven to one, came hundreds of letters endorsing the JOURNAL and bearing witness to the truth of our basic assertion: that though cruelty in maternity wards is an exception, the exception is far too widespread for comfort. Most of the letters came from mothers who had suffered neglect, callous treatment, unnecessary pain and sometimes torture. Others came from doctors, nurses and husbands who had witnessed tortures not very different from those used in Japanese prisoner-of-war camps. Once again, these letters came, simultaneously and spontaneously, from all parts of the country, from big cities as well as smaller places. An appalling number tell of babies held back, awaiting the doctor's arrival. A smaller number tell of births induced, to suit a doctor's convenience. Among the readers confirming the mothers' testimony is a very large contingent of registered nurses. Many of these nurses report inexcusable abuses that they, too, had suffered in childbirth.

Mrs. L.J.K.'s letter is typical of many: "Hurrah for the LADIES' HOME JOURNAL and your wonderful feature, Cruelty in Maternity Wards! Every statement printed in this article seemed to lift from me some of the burden of the terrible unpleasantness and nightmarish doings of my baby's birth. Others have spoken out as I've wanted to. I feel as though there is some justice at last for childbearing women. Maybe now when I hold my baby girl in my arms, I won't be dreading the day when she, too, will go into the labor room."

From all the letters, several new conclusions seem to arise. One is that the gulf between the professional people and the women is far too wide, and must be bridged. Another is that there seems to be a growing hostility between the two groups. (Scores of women, for instance, wrote in to condemn not just maternity care, but hospital attitudes in general.)

The LADIES' HOME JOURNAL believes that the gulf of ignorance, hostility and just plain misunderstanding can be bridged. It can be bridged by an honest public discussion of the contentions of both sides. It can be bridged by courage, by imagination, by compassion. It can be bridged by determined action. It is for this reason that we wish, once more, to examine the allegations and charges and to state what we believe to be true and what we think are the probable solutions.

Many of the attitudes of the women were voiced by Mrs. L. C. B. Mrs. B. has seven children born in five different states, and qualifies, in the words of her present pediatrician, as "an expert." Her letter is in the form of a warning to doctors.

"There are many other women in the same category, most of them younger than I am. Let me tell you, doctors, these young wives are comparing notes! They don't stay strangers for long when they meet. Are the good doctors, the good nurses and the good hospitals aware of the honest complaints that are being made whenever conversations turn to pregnancy and childbirth?

"If you could listen, these are some of the things that you would hear these women say:

"'There are still far too many hospitals, far too many doctors and far too many nurses who treat mothers as relatively unimportant cogs in the machinery of the mass production of infants; and who treat the father as a strictly incidental and somewhat comic figure in the well-charted routine of the maternity ward.

"'For every doctor willing to be with a mother through the last thirty minutes or hour of labor there are too many others who are impatient if called more than fifteen minutes before the mother is ready to deliver; and many who, because of this split-second timing, arrive either too late to deliver the baby, or on time only because nurses have held the baby back with anesthesia or force.

"'For every nurse who gives a mother real encouragement and the great gift of human kindness in the sometimes long and lonely hours of the first period of labor (especially with a first baby) there are too many others who specialize in the cold-fish treatment: perfunctory commands to the mother; third-person comments on the slowness (or rapidity) of her progress; and over-her-head hospital gossip with other nurses.

"'For every hospital which permits a husband to be with his wife through labor and delivery there are many, many others where he is just barely tolerated and kept strictly confined to a fathers' room. (They always let him out in time to pay the bill, though!) Thus the opportunity to share an experience which should be the culmination of all a man and woman have hoped and planned for in an honest-to-goodness marriage is lost.

"'Far too many doctors, nurses and hospitals seem to assume that just because a woman is about to give birth to a child she becomes a nitwit, an incompetent, reduced to the status of a cow (and not too valuable a cow, at that!). Unless she is a very strong-willed person, she soon has the frightening and frustrating feeling that she has lost her personal identity.'

"I believe that there exists among nurses a definite hostility toward women in childbirth. I have been in hospitals for other reasons and have been treated with the greatest consideration. There seems to be a feeling that a woman in childbirth has brought her troubles on herself and so deserves no kindness. One moaning with pain from an operation is an object of sympathy. A woman moaning with pain in childbirth is just a nuisance." MRS. W. S. B.

"I must commend my fellow R.N. for her courage in bringing this matter up. For as you pointed out, it is almost impossible for a nurse to criticize medical procedures publicly. . . . Since we can't require every doctor and nurse to produce a baby before being allowed to treat others, I'd recommend at least a required hour in lithotomy position, plus enema with cold bedpan, and one day in bed dependent on the hospital staff. . . . Why obstetrical care seems to be becoming increasingly mechanical and hospital- rather than patient-centered, when other branches of medicine are concentrating on the psychosomatic side of illness, is a paradox." MRS. E. E. S., *Registered Nurse*

"These young wives are learning the hard way, from experience, how to 'shop' for a good obstetrician in a new town, and how to combat rudeness, carelessness and sometimes downright cruelty when they encounter them in maternity wards."

On the other hand, some letters criticizing the article came from doctors and nurses, many of whom said that in years of maternity service they had never seen the practices our readers described. Typical of these letters was this one, from a doctor married to a nurse: "Your article on sadistic practices in maternity wards is so at variance with the facts that my wife, who is the mother of three, and myself felt impelled to write this letter. . . . Personally we have never seen any of the practices mentioned in your article and my wife has worked as an obstetrical nurse in the largest county hospital in the U.S., where over a thousand babies a month are born."

In general, the critical letters from professional people made the following assertions: that mistreatment is almost nonexistent; that many women are spoiled, hysterical and full of fears; that most husbands are too emotionally unstable to stay with their wives during labor; that the memory of a childbirth experience is unreliable because of anesthetic drugs; that there is simply not enough hospital and medical staff to give women the kind of care they seem to demand.

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CRUELTY IN MATERNITY WARDS

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Many of the doctors and nurses make scathing indictments of women in labor: "They do not want to face up to the role they play in the world, they shrink from responsibility." . . . "Today's expectant mother expects everything and is willing to give nothing."

Is it true, as these professionals assert, that most women who complain of their treatment during childbirth are generally spoiled, hysterical, and the victims of their own fears? This is not the conclusion we have reached after reading hundreds upon hundreds of letters from American mothers.

Mrs. M. S., for instance, can hardly be called a chronic complainer or a crybaby. "For my first five deliveries," she writes, "I had one of the best doctors in the city of Buffalo. Pain? Yes. My legs strapped up? Yes. Drugs? Yes. Pain is necessary. I was always glad for the hard pains because then I knew the end was nearing. My legs were elevated only at the last minute and while repair work was being done."

The sixth baby was a different story. Mrs. S. was rushed from her house late one night while her husband was away, leaving her children in the care of a neighbor. Because she was hemorrhaging, she was taken to the nearest hospital. Too late, she learned that her own doctor refused to deliver patients in this hospital. She soon found one of the reasons why, for it was only after much pleading that Mrs. S. could get the nurses to call her husband, so that she might plan with him for the care of the children.

"I saw him about two minutes. In the other hospitals he was allowed to stay until I was ready to deliver. I didn't see him again that night, nor all the next day. I was alone with strangers, not one person there that I could trust. It came time for delivery. I had had five, so I knew. I begged the nurses to call the doctor. They told me to shut up, and one of them snapped that I was giving her a headache.

"Finally they looked, and at that late minute began to rush telephone calls to the doctor, who had gone golfing. I felt like a trapped animal—thank God it was not my first baby. They put an ether cone over my nose and forced my legs together amidst shouts of 'Bear down' and 'Don't bear down,' which were ridiculous at the stage which I had reached. I did not hear the baby's first cry—there is no moment in a woman's life more rewarding than that.

"I have been furious ever since. That experience happens in that hospital many times and even to first mothers. I don't think it would if husbands were there to object. Oh, yes, let us build big mental hospitals for seared mothers, and schools for retarded children. Some of this could be prevented right in the labor and delivery rooms."

A considerable number of the women who wrote us of abuses during childbirth have had four to eight children. If they were hysterical, spoiled or fearful by nature, it would seem to follow that they would report *every* childbirth experience as an abuse. On the contrary, most of them were careful to describe the happy as well as the unhappy experiences; it was the contrast between the good treatment in one hospital and the bad treatment in another which so appalled them.

We know, of course that there *are* some women who are spoiled, fearful and ignorant. There seems to be little excuse for the woman who writes: "Then I was left alone in the labor room, terrified because I did not know what was to happen."

We realize that busy nurses and doctors cannot, at this point in the game, undertake the elementary education of a mother-to-be. We suggest, however, that harsh or derisive treatment is not particularly effective in soothing a

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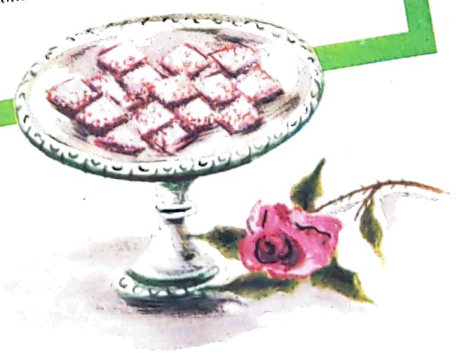
COCONUT-PECAN SQUARES

Cream ½ cup butter with ½ cup dark brown sugar. Add 1 cup flour and mix well. Press into a greased 8″x8″x2″ square pan, spreading batter evenly into the corners. Bake in a moderate oven, 350° F., for 20 minutes. Meanwhile, beat 2 eggs until frothy. Gradually add 1 cup light brown sugar and beat until thick. Add 1 cup coarsely chopped pecans and ½ cup shredded coconut which has been tossed with 2 tablespoons flour. Season with 1 teaspoon vanilla and a pinch of salt. Mix well. Spread over baked crust. Bake for 20 minutes more in a moderate oven, 350° F., or until well browned. Sprinkle with confectioners' sugar when cool and cut into 1″ squares.



Best I ever ate!

By MRS. HAMILTON COTTIER

The perfect party sweet: coconut-pecan squares, butter-rich and bite-sized. This recipe emerged from several old favorites of mine. I simply took bits of each and put them all together. The recipe's secret of success, I think, is the combination of pecans with the brown sugar and coconut. I've tried using other kinds of nuts, but somehow they just don't produce quite the same delicious result.

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fearful woman near the edge of hysteria. Such a woman, no matter how irritating to a busy nurse, is unlikely to respond to frequent orders to "shut up." She may, however, respond to a brief explanation given with kindness and understanding. "A little smile and a kind word go a long way," comments one of our mothers.

What about the charge that husbands are emotionally unsuited to the labor or delivery rooms? Judging from our letters, husbands do not seem to be so frail as the professionals indicate. Mothers who had their husbands with them report no casualties. Mrs. R. L. G.'s letter is typical: "My husband was in Korea when our first child was born. I was left alone completely, it was thirty-two hours of torture. With the last two, he has been in the delivery room with me. It was far less frightening and over so much faster."

We have heard from a number of husbands, too, who were permitted to stay with their wives throughout delivery. Instead of a grim, gruesome spectacle, they tell us that they found it a deeply spiritual experience, increasing immeasurably the tenderness they felt for both wife and new baby.

Undeniably, some men are squeamish, and some are prone to drink at times of emotional crisis. Such men should have the sense to stay away from labor and delivery rooms. But there is no reason why a few unstable husbands should cause a ban on *all* husbands, the majority of whom have level heads as well as a great deal of usefulness.

Many doctors and nurses assert that a woman's memory of childbirth is not reliable, because of the drugs she has been given. Yet in many of our letters women who had been given no drugs at all report ghastly experiences. In scores of other letters, women who have had seriously unpleasant experiences under drugs, with certain hospitals and certain doctors, also contribute glowing accounts of childbirth under drugs in another hospital with another doctor.

After Mrs. J. R.'s first baby was born she had three miscarriages. "I was treated as if I was an unmarried mother or had wanted such a terrible thing to happen," she writes. She carried her next pregnancy to full term, but when the contractions commenced found that her doctor had gone on vacation and had left no address. When at last he was traced he returned, but declared her labor to be premature.

"Some thirty hours later I was still in pain in spite of all sorts of drugs. The water broke and for a full hour no one heard my cry for help or answered my ring. Finally they crossed my legs and gave me ether, because my doctor could not be located. I awoke on the delivery table, and realized my stomach was flat. I asked the doctor what I had had. He replied calmly, 'It *was* a girl.' I was told that she had been choked by the cord.

"I still persisted, though, and went to another doctor for my sixth pregnancy. He was wonderful and so was the hospital. My husband was allowed to stay with me during the early stages of labor. For the last stages I was taken to a private room with piped-in music. A nurse stayed with me, timed my pains, rubbed my back and was generally pleasant. It was one o'clock in the morning, so my doctor napped in the room next to mine. When the time for delivery arrived he wheeled me into the delivery room, where without drugs (for I wanted to be awake) I had a healthy girl. I know there are two sides to every story. I have seen both. Thanks to my second doctor, I have a wonderful life."

Mrs. M. A. W. also had contrasting experiences. When her first baby was born, her husband was not allowed beyond the reception desk. Drugs were administered, although she had begged not to be given them. "Slap-bang delivery techniques resulted in a sloppy episiotomy and repair work.

"The whole page should light up with the joy I experienced on the night I was delivered of my second son," she writes. "We were met at the reception desk by a smiling nurse, taken up in a private elevator. My husband sat right by the bed, talked encouragingly and held my hand. I was given the refusal of Demerol. I felt wonderfully *in command* of the whole situation. My doctor was right there, full of good cheer. She had explained in advance that I would be under complete anesthesia for the actual birth, as she planned to tidy up the poor workmanship left over from my first confinement. Back in my room, the baby was brought in for me to hold, and for my husband also to admire lovingly, at close quarters. Small wonder our gratitude and praise were added to those of the many who had the good fortune to select the doctor and hospital that gave me this new aspect on childbirth."

The inescapable conclusion arising from these and many, many similar letters is that when childbirth is attended with kindness and concern for a woman's natural feelings, there is far less need for drugs.

The custom of indiscriminate drug giving was recently attacked by Dr. Joseph B. Doyle, of Tufts University School of Medicine, speaking before the Massachusetts Medical Society. Dr. Doyle has been using a variety of tranquilizing drugs, either alone or in combination with an amnesic drug and a nonnarcotic sedative. "The result," he reported, "was that the irritation, the wild dreams, the hallucinations, the psychomotor agitations so common after scopolamine is administered without the tranquilizers, were not in evidence at all."

This, of course, would seem to indicate that many of the women who wrote us did suffer hallucinations due to the use of drugs. We repeat, however, that many of our correspondents reported unpleasant experiences which happened *before* the administration of the drugs, and many others who recalled a dreadful experience had been given no drugs at all.

Oddly enough, few of the doctors and nurses who wrote us made any reference to the

ANYWHERE... EVERYWHERE CASUALS

THE PERFECT GIFT

American women discovered the fashion of casuals. They are effective, colorful, livable. American designers are at their brilliant best when creating them. Every year new interpretations bring these simple fashions into new focus, and make them more desirable than ever. Nothing could be more welcome at Christmastime than a "casual" or an accessory that goes with clothes like these.

By RUTH MARY PACKARD

Red calfskin flats.

WILHELA CUSHMAN

Wool tapestry short-jacket suit in a rose pattern by Toni Owen, worn with a flower, malachite beads, calfskin handbag by Lederer.

Important new sweater is mohair, pleated plaid skirt. Bill Grossman.

A pump with a leather tip, another with a strap, a big soft bag and a purse-and-billfold wallet in calfskin.

The styles on all fashion pages are presented to you because they show you the trends of the season and serve as a guide as you shop. You will find many of them in stores throughout the nation. However, if you do not find identical styles in your local shops, we believe similar ones will be available.

The two-piece knitted casual in beige-and-white silk and wool by Kimberly. Below: casual flats.

RICHARD HANLEY

frequent charges that births are often induced, often held back. One registered nurse, however, wrote that the practice of holding back babies is unheard of in hospitals large enough to have an adequate staff of interns and residents.

"I think investigation would show that this occurs, when it does, mostly in country or small-town hospitals," she wrote. "The attending physician often must come from fifteen, twenty or even thirty miles away when summoned. If the nursing staff is small, inadequate or poorly trained, as is common, a doctor may feel that holding back the baby is a lesser evil than a torn birth canal, a sudden hemorrhage or a cyanotic baby when there is no one around to handle such an emergency. I am not defending the practice, mind you. I am just explaining how such a thing can occur without everyone concerned being a sadist."

But many mothers who reported the deliberate delay of their babies—usually by the nurses forcibly holding the mother's legs together—were delivered in large-city hospitals with resident staffs. This happened to Mrs. D. L. M., the daughter of a doctor.

Mrs. M.'s father had long been an honored member of the staff of the large-city hospital where her first baby was born under eminently satisfactory circumstances. But her father was no longer living when her second baby was born in the same hospital.

"My doctor failed to appear. I received little attention and while I was totally alone in the labor room, everything gave. . . . I was taken to the delivery room, ready to be delivered. At this point I was beating my head against the table because of the intense pain and begging the nurse to have someone, anyone, deliver me. However, perhaps because of medical ethics (my own doctor not being there) or general indifference, no one would.

"Finally one of the nurses came in and without a word lay down across my legs to hold the baby back. She then slapped a bandage containing ether across my nose. I did not lose consciousness and after what seemed an eternity my doctor arrived and I was delivered. I had to have physiotherapy in the hospital as a result of having banged my head while I waited for the doctor to come."

Mrs. M. required long-term psychiatric treatment after discharge from the hospital, to recover from the emotional damage caused by the experience. "My husband, my psychiatrist and I stand ready to substantiate all the foregoing statements," she concludes.

Laymen are not alone in their condemnation of such procedures: intentional delay during the course of delivery is not recommended or condoned by leading doctors, and is not practiced by most doctors. Except in rare cases, such as those described by the country-hospital nurse, it is not to be excused.

Induction of a baby, except where necessary to save a baby's or a mother's life, is another practice strongly condemned by doctors. Most of those who have written us maintain that it rarely, if ever, happens. Yet we have had many letters such as this one from Mrs. P. F. D., a registered nurse:

"It was early evening, and the doctor, a general practitioner, apparently had a dinner date he intended to keep. The mother was a primipara, and she wasn't progressing fast enough to suit him. So he administered Pituitrin and had her taken to the delivery room. Before the cervix was completely dilated he put on forceps without determining the position of the baby, in order to help things along. Then he proceeded to pull at the baby's head and—horror of horrors—the forceps slipped off twice.

"There followed a series of procedures that would have appalled a better obstetrician. But at last the baby, a good-sized boy, was delivered in poor condition. An intern undertook to order a respirator for it, the doctor seemed so uninterested in the child's welfare. The doctor finished up without examining the patient to see if there was any cervical damage. An intern sutured the poorly made episiotomy. Then, without leaving the customary *postpartum* orders, the doctor whirled off into the night. . . . A good deal of shock followed for the mother, due to loss of blood. I shall never forget the look of horror and sorrow on the father's face as he saw his wife after her ordeal. The baby lived twenty-four hours, then died of damage to the brain. This was verified by a post-mortem examination."

Many of our professional correspondents assert that women seem to demand the kind of care which busy hospital staffs simply haven't time to give. An enlightening discussion of this situation was presented recently at the fortieth annual dinner of the Maternity Center Association, New York City, by Dr. John Whitridge, Jr., Associate Professor of Obstetrics and Gynecology at the Johns Hopkins Medical School. Dr. Whitridge is also connected with the Maryland State Board of Health.

> "In the prenatal clinics and in the delivery room, I have gradually become aware of the strikingly negative attitude with which the women are handled. Many physicians seem to think that pregnancy is simply a nine-month discomfort that, when terminated, leaves all as it was before. I disagree. . . .
>
> "Unless we take our minds off the absoluteness of our scales and blood-pressure cuffs and perceive that pregnant women are human beings in a state of physiologic and psychologic flux, we, as physicians, must accept part of the responsibility for the resentful mother and the unloved child."
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> MYRON F. WEINER, M.D.
> *Dallas, Texas*
> *From the New England Journal of Medicine, June 5, 1958*

Several hundred thousand women delivered each year in hospitals, Dr. Whitridge estimated, "never even had the benefit of examination by a physician during labor. . . . Many thousands of women each year are cared for during labor, and delivered, by nurses with no special preparation for the job, even by practical nurses or other nonprofessional persons."

Dr. Whitridge acknowledges that our maternal death rate is low, that about 97 per cent of the mothers who do not abort end up with a living child. (A point made by a number of our professional correspondents.) "But is mere fact of survival of mother and child all there is to this business of maternity care?" he asked. "When we discharge from the hospital a mother with physical and mental scars from a highly traumatic experience, and a living but brain-damaged child due to the fact that no one was around to recognize early signs of distress in a baby *in utero*, is that job well done?

"A small percentage of doctors can say in all honesty, 'That doesn't happen to my patients. They are not left alone in labor and I do my own deliveries.' These doctors and their patients make up the minority. Our job is to think of all women in labor, not just the fortunate few."

If there are not enough doctors to provide adequate care to all maternity patients, not just the fortunate few, should not steps be taken now to correct this? Dr. Whitridge warned, in fact, that the situation will become much worse if the medical profession persists in its "ostrichlike attitude that all is well."

"If we are failing in our efforts to provide adequate care to 4,000,000 mothers annually, where are the physicians coming from to take care of a 50 per cent [anticipated] increase within the next twelve years?" asked Dr. Whitridge. He fears potentialities exist for still further mechanization of childbirth; for an increase in the percentage of damaged or nonsurviving babies.

Dr. Whitridge's solution is the inauguration of a training program for at least 400 nurse-midwives a year. These women are graduate nurses who take a further course, usually of six months, in obstetrics. They are able to help in the care and education of patients during pregnancy. And, says Dr. Whitridge, "They would be available for continuing competent care during labor. In the event that circumstances prevented the attending physician from being present for the delivery, it would be competently performed, instead of on an emergency basis by someone ill equipped for this function. Instead of the assembly-line approach to the production of babies, we would have the . . . nurse-midwife relieving the obstetrician of many hours of routine work and allowing him to devote himself to situations requiring his special skill."

According to Dr. Whitridge, only forty nurse-midwives are now being trained each year in the United States. He ascribes the lag to opposition on the part of doctors and to disagreement in the nursing associations as to technical details of training. Meanwhile, more and more nonprofessional personnel is being introduced into labor and delivery rooms, according to the nursing associations themselves.

The Ladies' Home Journal believes that Dr. Whitridge's solution to the problem of the doctor and nurse shortage must be adopted. We believe the great medical and nursing associations should throw their force behind a massive training program for nurse-midwives. We hope that they will do so soon, for a growing population lies ahead of us.

In the meantime, much could be achieved if all doctors and nurses would re-examine the emotional as well as physical needs of a woman in labor. These needs, given imagination, are not so difficult of fulfillment. Yet to a woman they make the difference between being a human being or just a suffering piece of flesh. What, then, does the composite woman who emerges from our letters really want? This:

1. Careful medical prenatal care. An indication on the part of the doctor that he knows her, and wishes to help her. (One woman reported that after she'd had four children the doctor still could not remember her name!) A doctor who is willing to answer questions or at least suggest a way (books or a prenatal training program) in which her questions might be answered.

> "Services of nurse-midwives have been accepted readily by hundreds of mothers who came into the Johns Hopkins Hospital expecting originally to be delivered by a physician. The fact that these mothers receive highly personalized service from a group of sympathetic, competent young women has made the nurse-midwife more than acceptable to the mothers. . . . Do not overlook the fact that the cornerstone of the program is that under nurse-midwives women in labor are constantly attended and are never left alone.
>
> "I can think of no addition to our present system that would do more to promote high-quality obstetric care than for physicians to begin employing nurse-midwives."
>
> From a speech by Dr. John Whitridge, Jr. *Associate Professor of Obstetrics and Gynecology, Johns Hopkins, at the 40th annual dinner of the Maternity Center Association in New York City on April 29, 1958.*

2. A pleasant reception when she arrives at the hospital. A smile from a receptionist or nurse is more welcome than a red carpet.

3. Permission to have her husband with her if she wishes it, at least until the doctor arrives. "A loving husband at your side can certainly make you forget a lot of the pain and discomfort," is the theme of many letters.

4. As much privacy as is humanly possible. One woman reported that five nurses and the hospital supervisor were present during her preparation. This attention seems excessive.

5. The right to refuse drugs if the labor is normal.

6. The right to a normal delivery—never held back nor induced, unless medical circumstances demand it.

7. Ideally, a doctor who meets her at the hospital and stays within call until the baby is born. If this is impossible, she hopes that the doctor will arrive at least thirty minutes before the birth and be with her during this final period. Rather than suffer the anxiety of waiting or, worst of all, the outrage of forcible delay, she would happily settle for a trained nurse-midwife.

8. Above all, she wishes to be treated as a human being. Giving birth is a function she shares with animals, but a woman in labor is not an animal. She is a person, perceptive, sentient, infinitely complex. Physically and emotionally she responds to encouragement, to cheerfulness, to kindness. "Kind," says the dictionary, means "having feelings befitting our common nature; benevolent; well disposed." It is in this sense that a woman in labor asks that her doctors and her nurses be kind.

Our composite woman asks, but she also gives. She chooses her doctor and her hospital with care. She studies her own body, and tries to understand what is happening and what will happen. She reports a serious abuse to the local medical society, but before doing so she re-examines her experience in the light of her own ignorance and her own fears. She recognizes that childbirth is a normal activity, involving hard work but not necessarily pain. She knows that most doctors and most nurses are dedicated human beings, considerate, kindly and highly trained. Having chosen carefully, she puts herself in their hands with confidence and trust.

Thus, from both ends, the gulf of misunderstanding and hostility will be bridged. END