

Childbirth experience is topic of conference

By BARBARA McCLELLAN

A conference sponsored by The Childbirth Without Pain Education Association (CWPEA) of Detroit, proponents of the Lamaze method of prepared childbirth, was held recently in Detroit.

Entitled "Childbirth with Dignity—A Shared Experience," it presented workshops conducted by nationally known doctors, authors, lecturers, researchers and spokesmen from every phase of the health-care world.

The conference also presented itself as an address to all persons interested in sexual and racial equality movements who share the hope of making the world a better place socially and politically.

Among the subjects dealt with were sexism and racism in obstetrics, neonatal research in mother-infant relationships, postpartum depression, how health-care agencies work, doctor-patient communication and reaching out to the teen mother, as well as the latest research in Sudden Infant Death Syndrome.

ONE OF THE goals of the conference expressed by CWPEA executive

director, Flora Hommel, was to gather people who wanted to make a contribution to their communities in affecting changes and reeducation by heightening their awareness of united and mutual goals.

Dr. Douglas Sargent, chairman of the committee on Child Psychiatry at Cottage Hospital, Grosse Pointe, said the major contribution the organization can make is to create a psychological sphere, solidifying the feeling of strength and competence of the family unit in dealing with life events.

In his discussion of "How Much Should the Father Share, Varied Viewpoints," Dr. Daniel J. Buckley of Decatur, Ill. said he felt in his experience well-prepared couples, the husband was inspirational to the woman in labor and delivery, and his presence would help deepen the bonds of the family as a unit.

He contended he had never met a man who didn't find taking part in the birth experience beneficial.

Dr. BUCKLEY said he had never heard of any legal case regarding a father in delivery and in fact was in favor of a father being present during a complication or crisis.



DR. RALPH MARGULIS

He felt the emotional needs of the family and doctor in time of tragedy would be buoyed by the father's presence. Drawing upon his own expe-

riences, Dr. Buckley related several stories of tragedy where the husband and wife thanked him for the few moments they were able to share in the life of their infant that would have to constitute the only memory they would have of the child.

They were able to give support to one another and in both cases wanted to console him as well.

DR. DOUGLAS SARGENT, psychiatrist, added that mother and father must face the loss of a baby together for the rest of their lives and should be able to share their grief at that moment.

"Knowing," said Dr. Sargent, "enhances individuals' capacity to cope with drama."

DR. RALPH R. Margulis of Bloomfield Hills, chief of obstetrics, at William Beaumont Hospital and the first doctor in the Detroit area to work with the CWPEA program, spoke on the attitude changes of doctors who work with psychoprophylaxis (thought-prevention).

"Half of the fight is complete freedom of fear and knowing how you are going to react to a given situation."



DR. DOUGLAS SARGENT

he said, Dr. Margulis described the team work when mother, father, doctor, nurse-assistant to mother and nurses are all involved and who as witnesses become a cheering section providing a positive attitude.

"In the final stage, the pushing, you are so close to the summit there is no doubt that you will make it," said Dr. Margulis. "Everyone is enthused at your success."

Dr. Margulis thinks that through public enlightenment, more women now know their right to choose how they will give birth and have a definite understanding of their anatomy.

and an interest in procedure of modern medicine, which has helped in changing obstetrical attitudes.

ANOTHER WORKSHOP was "Can I Be Mom and Mom?" conducted by Norma Swenson, contributor to "Our Bodies, Ourselves," by the Boston Women's Health Book Collective, Massachusetts.

Ms. Swenson said the "Ms or mom" position is unfair and women should not have to take a stand. Many fear if they do join the movement, they will lose their right to enjoy family life.

She likened the feminist movement to a political one with a right, left and center.

"However women that can come to, together with other women regardless of lifestyles is what I'm for," said Ms. Swenson.

"Issues of bodies is what bring women together. It's the one way we can reach out to all women. The feminist movement is facilitating the changes in society, not necessarily creating them."

"Women are threatened by the unknown. They do not read what the feminists write. They are for all the types of things feminists stand for but are frightened of the title. How can a woman relate comfortably to all the roles she must assume?"

MEMBERS of the workshop then went on to discuss whether working mothers have a detrimental effect on their children. Ms. Swenson sighted a recent survey in a journal of pediatrics which reports it is not the amount of time or lack of it that can damage a child, it is rather the quality of the relationship.

Consider feelings

Doctor urges new training

By SANDY TESSLER

When people hear the name "Childbirth Without Pain Education Association" (CWPEA) they visualize classes filled with young prospective parents, breathing exercises and the use of the Lamaze method.

What few people realize is that the emphasis on humanity which such organizations have brought to maternity wards is beginning to extend itself to all medical specialties.

The CWPEA, Michigan's largest and the country's oldest group of this nature, recently sponsored a two-day conference in Detroit.

Donald Sloan, M.D., a New York obstetrician and Gynecologist, addressed the group on the subject, "Awake and Aware."

THE CONVENTIONEERS might have expected this phrase to allude to the maternal experience which the group advocates during childbirth. But Dr. Sloan interpreted its meaning in a broader sense. He called upon the group to extend its efforts of achieving humanity and dignity in obstetrical care to the whole spectrum of medical services.

Dr. Sloan lamented the fact that so few doctors are women, especially in the field of obstetrics, where only 9.5 percent are women.

While a patient may safely assume a doctor will adequately treat the actual pathology of his or her problem, Dr. Sloan said he thinks many doctors are ill-equipped to treat the patients' psychological anxieties which result from illness.

"IF WE (DOCTORS) don't have sensitivities (for patient emotions) we're likely in the wrong business," Dr. Sloan said.

He observed the unique difficulty of a male obstetrician who is treating patients with whom he cannot identify either physiologically or psychologically.

In short, Dr. Sloan said he wants to see more women in medicine (which he noted is happening now), and he advocates training doctors for the treatment of patients' feelings as well as their bodies.

At the present, groups such as CWPEA and doctors such as Dr. Sloan have offered "family-oriented medical care." This is a hospital situation set up to be as much like home as possible.

Dr. Sloan took this concept further. He said he hopes in the future to have a totally classless medical system based on completely free health care. In addition he hopes to witness "a redistribution of medical power ... so you can end your dependency on medical personnel," he said.

HE LISTED the following examples of current thrusts in this area: A patient's right to his own records, frank discussions with patients about terminal diseases and dying, self-help clinics and more extensive use of paramedics.

Dr. Sloan also listed what he called his "do-things."

"I am suggesting," he said, "that we start to de-glorify, de-glamorize, de-mystify, de-centralize, de-professionalize all that is medical practice today."

Family support can fight blues

By BARBARA McCLELLAN

The young couple had a beautiful and successful birth experience. The infant is normal and healthy. Doctor and staff congratulate the mother for doing so well in the labor and delivery. The husband beams with love, joy and pride.

The perfect scene? Almost. A day, a week, a month later the young mother becomes depressed. She cries and cries for no apparent reason. Guilt, fear, fatigue and anger feed at her emotions. Mothers call it the blues. It's known medically as postpartum depression.

A workshop on "Baby Blues/Post-

partum Depression" was presented by Dr. Douglas Sargent, chairman of the Committee on Child Psychiatry at Cottage Hospital, Grosse Pointe, at a recent conference on "Childbirth with Dignity: A Shared Experience" in Detroit.

A discussion among participants of the workshop centered on whether hormone deficiencies were a factor in post partum depression. It seems no medical conclusions have ever been reached.

HOWEVER, Dr. Sargent said that when any one is forced to undergo what is considered an "ordeal," they become dependent on others around them.

More assistance is needed from the

family unit and this is where education of the birth event and the responsibilities it evokes is needed, he said.

Preparation like that with Childbirth Without Pain Education Association provides gives the woman the opportunity to feel better about herself and gives a sense of having skills, doing "something active" that contrasts her dependency feelings, according to Dr. Sargent.

The doctor said the ordinary procedures of obstetrical staffs do not concern themselves with postpartum depression.

Although normal human situations can be coped with, they may be accompanied by inoperable coping methods that stimulate irrational behavior on the part of the mother and family.



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