

TODAY'S HEALTH FOR THE EMPOWERED WOMAN

June 2, 2014

PREGNANCY RISKS

Nothing is more elemental to the definition of life than the act of procreation. From the most simple virus to the complexity of homo sapiens, every species that is defined as "living" reproduces. We, as humans, take for granted that pregnancies will be uncomplicated and that the end product—the BABY will be perfect. This concept of perfect pregnancy and perfect baby has been evolving for years: "if you can put a man on the moon, why can't you have a perfect outcome?" That pregnancy and delivery are risky is a concept that is lost to modern technology. Currently legislators at the federal and state level are trying to craft laws that will establish free standing birth centers owned and operated by well trained and caring midwives without physician oversight or input. The reasoning is that most pregnancies are "low risk" and hence can have a successful outcome without costly intervention. Midwives are well trained and caring individuals but are not trained to perform operative deliveries (vacuum extractions, forceps deliveries and cesarean sections). Risk assessment is a concept that has been honed to perfection for the past forty years, initially under the aegis of the March of Dimes. It was felt that if one could identify risk at the outset of a pregnancy and again at 28 weeks (the beginning of the third trimester) appropriate early treatment and plan for delivery could be tailored to effect a more successful outcome. At the first obstetrical visit, risk is assessed. Minor risk factors such as smoking, obesity, socio economic considerations, marriage status, history of previous pregnancy complications such as previous cesarean, high blood pressure, etc. are evaluated. Four or more minor risk factors put the pregnancy into the high risk category. High risk factors would include medical illnesses such as diabetes and heart disease, endocrinological disorders, bleeding disorders, family history of birth defects, multiple gestation (twins, etc.), invitro fertilization, etc. At 28 weeks risk is once again evaluated and a no risk or low risk pregnancy might be bumped up to high risk if the patient has developed diabetes during the pregnancy, found to have a multiple gestation, toxemia, high blood pressure, low lying placenta, fetal growth restriction or birth defect etc. Obstetricians have completed four years of undergraduate education, four years of medical school, four years of obstetrical residency training and sometimes a fellowship in maternal fetal medicine. This gives them the training and ability to recognize risk and to treat appropriately before birth or at birth with the safest mode of delivery. For a non medically trained legislator to say that a "low risk" pregnancy can be delivered safely in a free standing non-physician supervised center is ludicrous. Even a pregnancy that has been low risk for most of the gestation can suddenly become high risk if there is life threatening placental bleeding, a sudden drop in the fetal heart rate, sudden increase in blood pressure, blood clots to the lungs, a breech or other malpresentation, cord around the neck, maternal hemorrhage. What then? Transfer to a hospital or medical center can take as long as half an hour. While the American Congress of Ob-Gyn supports the right of a woman to choose where she will deliver, it is our sacred duty to insure that safety for the mother and her newborn is paramount. Cost containment and "value" is the catch all of all medical reform it would seem. One cannot compromise the health of our present and future generations to this

concept. There is no such thing as a low risk pregnancy. Having practiced for over 35 years I can relate many stories of near miss disasters that suddenly occurred. Our midwives are vital to the practice of obstetrics and are our collaborative partners. "Collaborative" is the operant word. In the absence of collaboration pregnancies that suddenly become high risk in a birth center can evolve into a disaster. There is no place for a legislator to be in the delivery room. A woman's right to choose where she delivers without compromising safety is the very essence of empowerment.