

Article for September 5th, 2011

Today's Health for the Empowered Woman

DEBUNKING OBSTETRICAL MYTHS

After a summer of very depressing financial news and confusion about the future of health care, I thought it might be beneficial to present a light hearted and informative article about obstetrical mythology. I am a keen student of medical trivia and after thirty years of obstetrical practice am continually amazed at the so called "wives tales" that permeate through the obstetrical population under the guise of "information". This information is disseminated by well meaning mothers and grandmothers who despite an absence of medical training "know" obstetrics by the virtue of their own fecundity. So let us begin with the very act of conception. It is NOT true that different positions during sex determine the sex of the baby or that the athleticism of the father is a predictor of male offspring. All eggs are female and half sperm are female and half male. Which ever sperm fertilizes determines the sex of the baby and is independent of external forces. That being said dangling a needle over the wrist of the expectant mom does not predict sex. There is no correlation between magnetic fields and gender. Carrying in front or back or around the side has no bearing on sex determination as each pregnancy is different even in the same woman. A very prevailing fear is that holding the arms of a pregnant woman over her head will result in the baby's cord being wrapped around it's neck with a subsequent disaster. It flies in the face of logic that this event can change what the fetus does in the womb. Over fifty percent of babies have the cord around the neck and it is considered normal unless knotted and tight and very rarely causes a problem. One often hears the expression "I was so nervous and scared that I dropped the baby out". There is absolutely no proof that anxiety and tension will cause a sudden birth. However, there is recent research that indicates that severe stress of either a physical or emotion nature might result in premature birth for unknown reasons. "Eating for two" is a common rationale for the raging obesity epidemic among pregnant woman. This misconception (no pun intended) has resulted in huge weight gains that do not result in healthier babies and conversely causes large babies that pose a risk of a difficult vaginal birth or c-section with it's attendant risk due to anesthesia, bleeding, infection, etc. And what of heartburn? Virtually every pregnant woman experiences heart burn to some degree from the acid reflux of the stomach up to the esophagus that is made worse by the large uterus pushing up and from pregnancy hormones. After delivering 6500 babies, none of whom was totally bald, I heard almost constantly that the amount of hair on a newborn was proportional to the degree of heartburn experienced by the mom. Since all pregnant woman have heartburn and all babies have hair, the myth is debunked and in any event acid and hair are unrelated. When the time for delivery is near, let us say 40 weeks from the date of the last period, there is great concern about what brings on labor. In a short answer, it is unknown or we would know how to prevent premature births. What is known is that bumpy car rides do not cause labor, nor does self administration of an enema. Straining at stool might cause intestinal cramps but rarely uterine cramps. A very common thought is that a fright during pregnancy might cause the baby to have a

birthmark related to the causation of the fright. Is it at all plausible that a black cat running in front of a car will cause a birthmark that looks like a cat? No. In our gender driven society much is made over determining the sex of the baby before birth. Sonograms can be inaccurate and the heart rate of the fetus does not predict reliably the sex of the baby as if the baby is moving when the heartrate is taken it might be elevated compared to when the baby is asleep. So which rate is predictive. Neither. There are not more babies delivered when the moon is full or under specific signs of the zodiac. Anecdotally Harbor Fest is a time of deliveries but hot summer nights, exhaustion and dietary indiscretion just might be a cause. And lastly, and here I am being dead serious is the myth amongst the patients that smoking and drug use has no bearing on the fetus and subsequent infant. Wrong, wrong. Smoking is associated with small babies, premature deliveries, premature separation of the placenta, high blood pressure, learning and developmental delays and crib deaths. The same is true of narcotic use in pregnancy that includes the use of marijuana and oxycontin. These babies are born with addiction, withdrawal and a host of physical and emotional signs of drug use, some of which are irreversible. This article is not based upon just my own observations and biases but by research and observations by reproductive specialists. When in doubt ask your obstetrical provider and empower yourself with relevant and meaningful knowledge.