

DELIVERY ROOM

The role of fathers

In growing numbers, men are watching the birth of their children and giving aid and comfort to their wives in the process.

The dual practice of natural (unanes-
thetized) childbirth and father partici-
pation has rapidly increased over the
past two years, according to those
working in the field. Principal growth
seems to be on East and West Coasts,
particularly in the New York and San
Francisco areas.

Ten years ago, New York hospitals
were unreservedly hostile to the idea of
having fathers in the delivery room, says
Dr. Alfred Tanz, professor of obstetrics
and gynecology at the Flower and Fifth
Avenue Hospitals of the New York
Medical College. Now most will per-
mit the practice at the request of par-
ents, and a few promote it.

In Boston six years ago, one or two
hospitals would grudgingly allow hus-
bands in the labor room, but not the
delivery room; now several have opened
both, says Dr. Deborah Tanzer, a New
York psychologist.

Reflecting this change, the Ameri-
can Society for Psycho-prophylaxis in
Obstetrics, the national organization for
natural childbirth, has, in two years,
increased its teaching membership—
mostly nurses—from 60 to 200, follow-
ing six years of slow growth. Obstetri-
cian membership, however, continues
to increase only slowly, lending support
to Dr. Tanz's charge that doctors, not
parents, are the principal obstacle to
change. "Many more people want this
practice than can find doctors to do
it," he says.

A common professional objection
against father in the delivery room is
lack of evidence that his presence con-
fers any benefits. That objection may
now be reassessed in the light of a
study by Dr. Tanzer of the psychologi-
cal effects of natural childbirth and
father involvement.

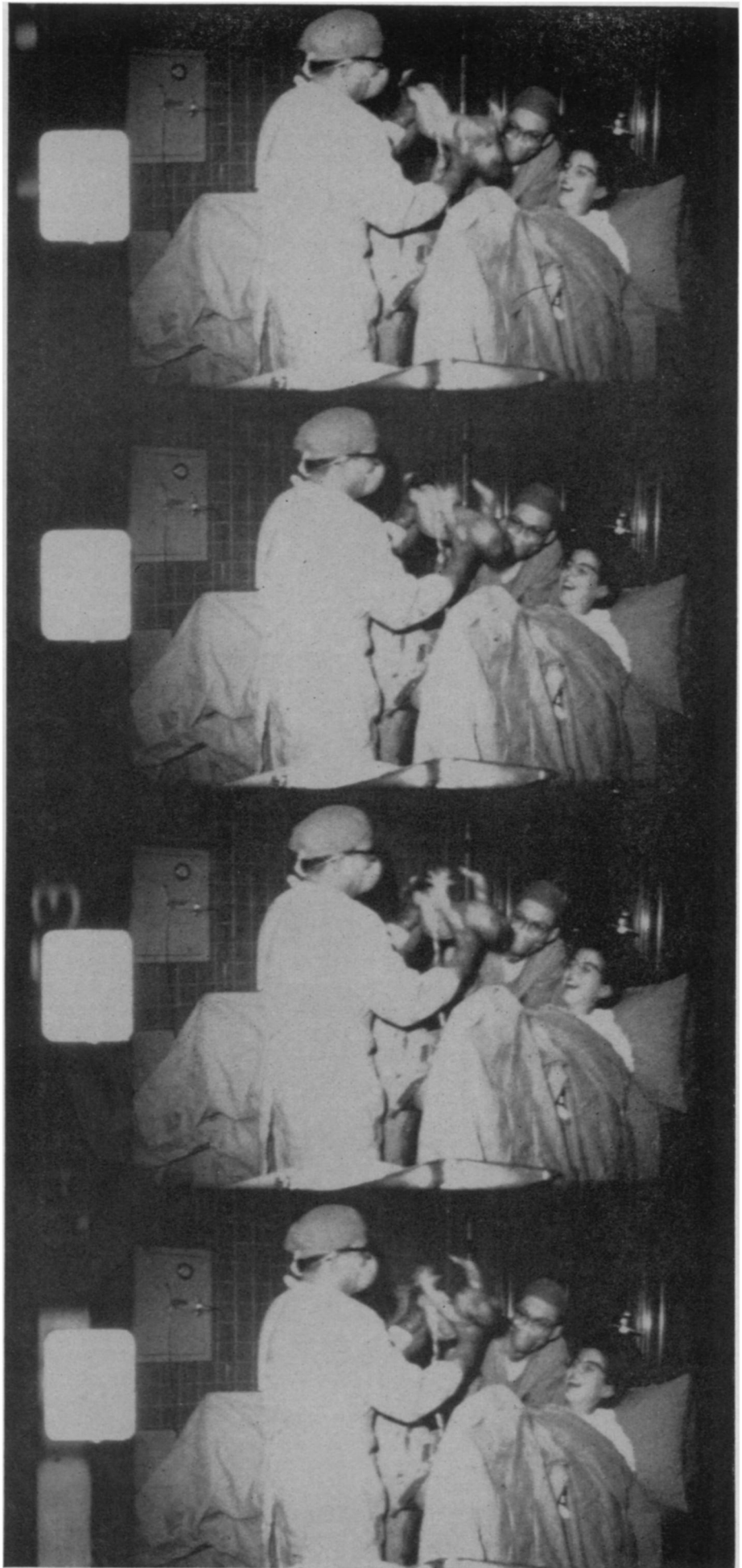
The 40 women in Dr. Tanzer's study,
referred by New York obstetricians,
were divided equally between those
choosing natural childbirth and those
choosing anesthesia. Of the 20 choos-
ing natural childbirth, 11 had their
husbands present at delivery.

Dr. Tanzer worked with the women
for months, giving extensive batteries of
psychological tests before and after de-
livery. She also had the women write
narrative descriptions of their entire
childbirth experience.

The findings were clearly a boost

MATERNA

*Joy of birth—mother and father share
delight as a doctor delivers their baby.*



15 june 1968/vol. 93/science news/567

for natural childbirth; more striking was the evidence on father participation.

In the entire group of 40, six women said they experienced what they characterized as rapture while giving birth. All six were among the 11 who had husbands present. The feeling was a kind of mystical experience, says Dr. Tanzer, "a level of feeling qualitatively different from great joy."

In addition to the exhilarated feeling, there was a sense of sharing with the husband, who during delivery propped up his wife, mopped her brow and gave a running description of the birth.

Dr. Tanzer believes the experience between husband and wife strengthened the marriage. She says the psychological tests indicate an upward swing in the woman's view of her husband. Although husband's reactions were not tested, several later expressed gratification as well as surprise at not being squeamish. There is much more male psychic involvement in childbirth than people realize, says Dr. Tanzer. While she was testing the women, husbands would ask, "Don't you want to study me?"

The women who underwent natural childbirth saw their husbands as strong and competent; the opposite was true of women who went through childbirth anesthetized. Yet Dr. Tanzer could find no major personality differences between the two groups of women which could have influenced their reactions.

Dr. Tanzer's work, done at Brandeis University under the guidance of Dr. Abraham Maslow, president of the American Psychological Association, also helps settle a controversy over pain in natural childbirth—it exists. Many women talked about substantial pain, she says, but they also talked about rewards. The worst pain seemed to come in the early stages of labor. But while the baby was emerging, excitement and wonder overtook the pain.

By contrast, the narrative descriptions by the other women were filled with "a tremendous number of references to pain, screaming, helplessness, passivity and dying," says Dr. Tanzer. "There were no positive feelings about the birth itself; they felt it was something to get over with."

But doctors have more at stake in the delivery room than patients' feelings; some fear that fathers will faint or be otherwise troublesome, others just believe they have no role at the moment of childbirth.

Professional objections are all at the emotional level, complains Dr. Tanz. He says he has delivered some 200 to 400 children in the presence of their fathers, none of whom fainted. Dr. Tanz had to ask only two men to leave: one because he was drunk, the other because his wife began to hemorrhage.

"To deprive all husbands of the thrill of being there during birth because of the occasional husband who may be a problem is absurd," he says.

If hospitals do not want to make a practice of including fathers, they should at least give them a choice, contends Dr. Tanz.

But Dr. James Lieberman, chief of the child and family study center at the National Institute of Mental Health, raises another objection. He says the inclination is to attach too much significance to one event. A birth is a significant occasion, but so is a wedding night, says Dr. Lieberman. "The really important thing is the kind of relationship that exists between two people." If that is good, father participation at birth could serve as a catalyst to further growth. "But if the basic relationship is not so hot, I doubt that putting two people together in the delivery room is going to do any good. It could do harm."

PREVIEWING THE AGENDA

AMA softens an anathema

When the American Medical Association meets June 16 in San Francisco, the forces within it that consider the Federal Government something less than an ogre expect to score a victory.

A draft resolution left over from last year will be rejected, if the delegates follow this year's advice by their Council of Medical Research; the resolution casts an anathema on federally supported health programs.

Without giving "blanket endorsement to Government programs in the field of health care," the report of the council will reject efforts by the Oregon delegation to put the AMA on record against the use of Federal funds by medical societies in administration of such programs as those of the U.S. Office of Economic Opportunity.

"If the (1967) Oregon resolution were adopted," the 1968 report states, "it could be interpreted as a negative attitude and opposition to the use of Federal funds." The council believes that AMA policy favors a positive approach to the use of Federal funds under proper guidelines. When such funds are essential for a medical society to maintain its "proper role in the development of community health services, and when formal agreements permit the society authority over the provisions of medical care in accordance with the principles of medical ethics," state and local societies may accept government funds, including Federal funds.

In another change reflecting a more benign view of government, beginning in January 1971 representatives

of the Department of Health, Education, and Welfare, the Department of Defense and the Veterans Administration will be admitted as members and alternate members of the House of Delegates, provided the house approves the council's recommendation on this score.

On other issues:

- A resolution to be presented by the California delegation refers indirectly to points brought out in a Senate hearing on diet pills (SN: 3/16 p. 258). It says digitalis, prolonged administration of diuretics and toxic doses of thyroid, as well as other potentially dangerous therapeutics have no rational basis in the treatment of obesity alone. It condemns the dispensing of drugs for obesity by a physician's office and the failure of doctors to monitor the effect of such drugs on individual patients, and recommends that an appropriate committee be set up to conduct an investigation of this type of treatment.

- With an eye to the high rate of infant mortality in the United States, the council suggests that the AMA support constructive community efforts for the improvement of living conditions among the needy.

- Also, child spacing and family planning information should be available to all patients who require them, "consistent with their creed and mores, whether they obtain their medical care through private physicians or community-supported health services."

- The Ohio delegation will present a resolution condemning the confirmation of Wilbur J. Cohen's appointment as Secretary of the Department of Health, Education, and Welfare without an open hearing. This is an example of the "disregard of advice of the medical profession," whose practicing physicians are the best qualified group in matters pertaining to health services, the resolution says.

THE SOONER THE CHEAPER

Australia thinking metric

Australia, one of the last remaining holdouts against the metric system, may be about to take the plunge. A Select Committee of the Australian Senate has unanimously recommended that the conversion begin as soon as possible, and the Federal Cabinet is believed very likely to bring in enabling legislation.

The committee estimates that conversion will cost more than \$110 million and take a decade, but, it says, delay will be even more expensive. For every additional year it is postponed, according to the committee's report, the total cost will grow by seven percent.