



Info-paper

R&R 2561 # 029

The following article is on the struggle of Dr. Tanit Habanananda (Samativej) to convince other Obsetrician-Gynecologists on Active Birth

<http://edition.cnn.com/ASIANOW/asiaweek/98/0206/feat1.html>



magazine

All About Baby

From womb to crib, it's that same old story of East meeting West

*By Julian Gearing / Bangkok
and Laurie Underwood / Taipei*

FOR MUCH OF HIS CAREER, Dr. Tanit Habanananda was a believer in

high-tech birth. The Thai obstetrician was trained in Britain in the 1960s, and, in those days, letting nature (and gravity) take its course was scoffed at as primitive. The consequence: drugs to dull labor pain, the mother strapped to the bed with her ankles in stirrups and the baby briskly hustled off to some place out of earshot. The delivery room was, in essence, a conveyor belt.

To a young Tanit, this all made a lot of sense. Should something go awry during delivery, he reasoned, the obstetrician had intravenous drips, injections and his scalpel to put things right. The proof of this approach's efficacy lay in the impressive statistical decline in the West of mothers and/or babies dying during birth. For many years after he returned to Thailand and set up practice at Bangkok's Samitivej Hospital, Tanit did precisely what his learned British professors had taught him. And women normally said nothing -- apart from his British wife, that is.

When Dr. Melanie Habanananda, a nurse and childbirth educator, was pregnant with their first child, she surprised Tanit by insisting on a natural birth. No painkillers, no scalpel, no anything much at all apart from the joy of child birth. The same went for their second infant. Tanit recognized his wife's right to choose, but that still wasn't enough for him to change his views or the way he carried out his business. That didn't happen until more and more women, mostly Japanese, began requesting natural births.

Today, Tanit and associate Dr. Sankiat Vayakornvichit no longer work in a delivery room -- it's called a "birth unit." The lighting is soft, the colors are reassuring, and soft music plays on the stereo. The mother-to-be is supposed to feel like she is at home in her own bedroom. **She can give birth in any position she wants, so long as she is healthy and considered low risk, as most women are.** She can even have a water delivery (another Japanese request), though the bath stands empty most of the time for a lack of takers.

Tanit and Sankiat are two of just a few disciples of natural birth in Thailand, apart from provincial midwives who do traditional home deliveries. Indeed, doctors like them are rare anywhere in Asia. Most fail to understand the benefits of combining 1990s technology and the age-old practices that served women well for thousands of years. Instead, methods developed in the West - - mostly by men -- hold sway in delivery rooms. Ironically, as Asia heads further down this path to compassionless birthing, Europe and North America are turning increasingly to home deliveries, midwives and other natural techniques that were once the norm in the region.

The Western rethink has come about in large part because women were tired of being relegated to a non-speaking role in what is arguably the greatest drama in their lives. They demanded a say -- and doctors had to pay attention. All this coincided with a growing distrust of the medical profession in general, a hunch that maybe doctor didn't necessarily know best. So far the Birthing Devolution has yet to sweep Asia, where many women do not realize that some of the procedures that doctors prescribe may be unnecessary and sometimes harmful.

In Asian delivery rooms, the philosophy seems to be: if you've got it, use it. That means, for example, that doctors routinely perform episiotomies, an operation to widen the vagina to ease delivery and prevent tearing. Is it necessary? Not everyone believes so. But the most needlessly prescribed intervention by far is the cesarean delivery. The World Health Organization reckons C-sections should not under normal circumstances make up more than 15% of births. Yet at some private Thai hospitals, for every 10 women who check in to have a baby, four or five leave with the telltale scar.

"This is unbelievable. This is unsound. It's not right," says Sankiat. In Taiwan, the figure is 30%. Nor are the risks to mother and child fully explained, says Melanie Habanananda. She cites studies showing women are four times as likely to die from complications from a cesarean -- thrombosis, infection and pulmonary embolism, for instance -- than they are to succumb during a natural birth.

Why are so many unnecessary C-sections being performed? Blame it partly on superstition, especially among Chinese women looking for an auspicious birthday for their offspring. No point letting Mother Nature ruin a child's future when you can choose the day and have an obliging doctor hasten delivery with a few incisions with his scalpel. "[The thinking is] if you can do this for your child, and it only costs a little more, why not?" says Wong Ling-ling, a Taiwan Ph.D candidate at Oxford University who is writing her thesis on Chinese birth customs.

But this can sometimes be dangerous for the child -- particularly if the delivery date is brought radically forward. One Taiwan doctor relates the story of an unnamed local movie star who requested a C-section at 35 weeks -- on the advice of a fortune-teller. The hospital refused, so she went to a clinic where doctors were more accommodating. The baby required weeks in an incubator to recover from respiratory problems that resulted from the precariously early delivery.

C-sections are also convenient for busy physicians. The average obstetrician in Taiwan delivers some 200 babies a year, on top of other gynecological work. Many prefer scheduling operations rather than waiting on-call through 20-plus hours of labor. Leading obstetrician Dr. Wu Kun-kuang is unapologetic about this practice. "I am very famous," he says. "There is not enough time to wait for normal deliveries." New mother Chiang Fu-lien, told her doctor would be abroad around her due date, opted for a C-section and had her baby a full two weeks early.

Women also fret that a natural birth will ruin their partner's sexual pleasure. Some husbands, says Tanit, "come up with stories about stretching of the vagina, using this as an excuse [to wander]." Not that this is an exclusively Asian matter, he notes. "Even U.S. clinics have advertisements that say 'Why not keep a honeymoon vagina?'" And, of course, there is a mercenary motive for C-sections: obstetricians can charge a lot more money.

Controversy -- or at least heated debate -- continues right into the baby's crucial first six months of life. For how long should mothers breast-feed? Should parents bring the baby to bed with them? When the child cries non-stop, should it be left to weep itself out or should it be picked up? As every new parent knows, each expert and child-rearing guide (and mother-in-law) has maddeningly different opinions. But most experts interviewed for this article support Asians in their belief that in the first six months, a child cannot have too much love. They say the West could learn much from the way infants in the region are carried by their mother and tirelessly fussed over by the family.

On whether or not to nurse, there is no debate: breast is best. Mother's milk is ideally suited to a growing child's needs, and provides natural immunities to help the vulnerable infant fend off disease. And yet, less than half of middle-class Asian women breast-feed, many of them for a month or less.

Part of this is vanity. Many women believe nursing will leave them with sagging breasts. Some of the reluctance also springs from the problem of finding time in a busy career schedule. The Western concept of employers allowing mothers to bring their infants to the office for feeding has not yet arrived in Asia. Still, there is evidence that the aggressive marketing by milk formula companies is increasingly falling on deaf ears -- though some women still wrongly believe that commercial milk produces bigger children.

If few modern Asian women question their doctor, then they are even less likely to challenge their mother-in-law when it comes to advice on following the old ways. In Taiwan, new mothers religiously adhere to the centuries-old tradition of tso yueh-tzu, or "doing one month." This means that mother and child remain indoors for the first four to six weeks while mom follows a fat- and protein-rich diet. "The baby has a compromised immune system," explains Taipei pediatrician Dr. Kua Ka-em. "Small babies should not be taken to public places."

Kua, who is Hong Kong born and educated in the Philippines and the U.S., strongly disagrees with the Chinese custom of swaddling babies tightly for the first few months. She says the practice is partly based on the misconception that babies twitch their arms and legs out of fear or discomfort. Kua stresses to mothers that such reflexive movements are normal and should not be inhibited. She reports seeing babies so tightly bound they had trouble breathing.

Such old customs die hard. So do unwise modern practices, especially when promoted by a doctor in a lab stacked high with gee-whiz technology. Still, under the prodding of converts such as Tanit Habanananda, more hospitals around the region are beginning to offer the option of natural birth. And that, surely, is one hallmark of a modern society -- the freedom to choose how your child is brought into this world.

-- With reporting by Catherine Shepherd / Hong Kong

