"Procreation/Postcreation"

A personal story explores realities surrounding creation.

My story is a simple one. The story of a male who offered to play a role normally played by mothers, taking care of a daughter during pregnancy and delivery. I had neither the skills (especially cooking!) nor the experience. However as I had retired, I bravely volunteered and my wife who was still working happily accepted! Our daughter who lives in Seattle wanted me to join about one month before delivery. This would enable me to get used to the place and I thought it would also give me time to get used to driving on the wrong side of the road! While I acted cool, it was with some trepidation I set about getting ready for the journey.

My memories of this perpetual miracle were mixed and confusing. Loosing a ten days old younger brother and the loss blamed on my mother's horoscope! My sister drinking some terrible tasting (I tried it!) concoctions to help her digest better and to produce more milk and her stomach wrapped around tight. The wonderful fragrance in her dark room where she was really confined as she dried her hair over a basket under which were placed red-hot coal for burning incense. Her long stay with us which my parents managed with some excuse or other! The frown I imagined our first daughter gave me the first time I saw her because I was not there at her birth. My wife being on six months bed-rest till she delivered our second daughter. The constant itching she used to have all the time. Our difficult decision to accept doctor's advice to abort a baby in between the two as my wife was exposed to German measles during the early stages of her pregnancy.

I realized that there was little I could do except manage to give her a lot of rest and be positive. This feeling of being helpless was accentuated as our daughter also had constant itching and she could not sleep. She also underwent an operation to remove her gall bladder on her seventh month. While we were amazed at the giant strides that medicine had made which made this possible while she was pregnant, we were concerned about the effect it would have on the child.

It is no surprise that many illogical practices came into being as we could never really know how each pregnancy would turn out. For instance we bought clothes only after the baby came and it was at least ten days before we named the child. I remember that a pregnant woman was not allowed to go out during an eclipse and stayed in a dark room. While good practices like listening to music, reading pleasant books were advocated, strange ones like advising a pregnant woman not to tell lies were also included!

However my grandson who was in a hurry arrived while I was on my to Seattle! He was premature by a month, however he was home after a day in the hospital. We were not unduly perturbed by the premature birth, as he was normal though small. I was equally impressed with the modern ways, as my daughter knew how to cope with a premature baby by reading on the subject and the wonderful support she received from the hospital nurses. Her husband was amazing the way he managed the small delicate child from day

one while I was too scared to even hold the baby! I suddenly realized that my role was limited to that of cooking and other household chores! I was relieved that while each birth continued to be unique and unpredictable the times had changed for the better! We had progressed in remarkable ways and saw that my earlier fears were unfounded!

However I reasoned that it would be better if I went there earlier the next time she needed me. She would not be able to get enough rest working and with a small kid around!
I went there three months ahead as planned when the call came. I thought I would be able to give her enough rest this time to ensure a normal delivery after full time. She was looking good even though a little tired. I was very disappointed when she again had a premature baby, even earlier than before! I wanted to talk to her doctor to understand what went wrong and learnt that it was possible. In fact, even her husband would not be able to do so. Typically I accepted it philosophically as we Asians are trained to do and came back hoping that all would be well.

I did not realize the seriousness of premature births till I saw a brief article in 'Time' asian edition of March 3, 2003. I wrote to them the enclosed letter. Hope this has been passed on.

Dear Sir

The Health Brief on March 3, 2003, 'A Campaign for Preemies' about the rise of premature births and the health risks a premature baby could face lifelong is indeed a valuable and a necessary caution for all young would be parents!

It is indeed heartening to find that 'March of Dimes' is launching a campaign to reduce premature births! In fact, it amazes me to learn that half of all premature births in the USA are a mystery! I hope my recent experience while I was with my daughter in the USA would be of some use to them. Hope you can pass it on to them for whatever it is worth.

I went to stay with my daughter much before her delivery as her first child had arrived on the 34th week. While it was worrying when we learnt that she might need a C–section this time, I was also relieved that she would not have a preemie. My daughter was leading a normal American working life, driving to work, picking up her first son from Daycare and running errands. I did not like it that she was planning to work as long as possible, while from my Asian perspective she should be taking rest! My daughter reassured me that everything was fine and that the Medical care you get in the USA was the best in the world. While I felt that she was indeed looking tired I thought with all the expertise and technology available I was probably needlessly worried.

When she returned home from her appointment around the 30th week she said that both she and the baby were doing fine and mentioned that an Ultrasound next week would tell whether a C-section was indeed necessary. We all hoped that she would have a normal delivery. But the situation changed dramatically after her ultrasound examination. She

was asked to take bed rest and not to get up excepting for going to the bathroom. If not, she risked delivering a premature baby!

She had contractions after five days and went to the hospital in the night and was sent back after a nurse had a look at her and gave her some medicine to reduce the contractions. After only five hours she was again rushed to the hospital as the water burst and she delivered a few hours later on the 32nd week. After care was exceptional in the hospital. The baby was in the hospital for a week and my daughter would go in the morning to be with him.

While it is too big and a complicated subject, I feel a combination of many factors have lead to this situation. Dependence only on medical equipment however superior, availability of excellent medical care, especially after the fact, the need to work till the last for the mothers often due to the fear of layoffs. In addition the fear of litigation and the availability or lack of insurance cover has conspired to create this situation. I would have liked to ask the doctor how and why the situation had changed so dramatically, but there was no way. I did not see her except for her picture in the Website of the hospital. Ironically the Website had also pictures of many new born babies looking adorable and healthy. As you can guess my grand son's picture obviously did not qualify! It seems hospitals do not want to face the fact of preemie births and I hope this organization March of dimes will make them.

Best Regards

D. Srinidhi

Even more shocking were the following:
An article (enclosed) on the web which stated that 450,000 premature births occurred last year in the USA. It appears criminal that one of the richest countries has allowed this to happen. Seems to be case of a 'March of Dimes against the greed for dollars'!

A quote from TIME June 6, 2003 " The baby wasn't as lucky as my own infant son. Both were born in 1995, more than two months prematurely, … ..I strolled past a row of bassinets containing other newborns. At the end lay a child with seaweed-colored skin stretched over his skull. I motioned to the young attending doctor, figuring she hadn't noticed his death. She had. The child's lungs were underdeveloped, she explained, and lack of oxygen at birth meant he would suffer severe mental and physical handicaps. The parents, preferring not to raise a disabled boy, asked the doctor to handle the matter. The physician, whose care of my own child had been exemplary, did so by withholding treatment and nourishment from this baby until she died." -- Mathew Forney, Beijing.

Born too soon: prematurity rising

Stress, older mothers among factors tied to 20 percent hike in premature births.

By Julia Sommerfeld

April 6 — Justin Washington was in a hurry to be born, his mother likes to say. After only four months in the womb, he headed for the birth canal. Despite drastic efforts to postpone delivery — including his mother, Dorenda, spending over a month upside down in a hospital bed — Justin was born four months premature, weighing only one and a half pounds

He spent the next four months hovering on the brink of death in an incubator in the neonatal intensive care unit at Nashville's Centennial Medical Center. A ventilator breathed life into his severely underdeveloped lungs. He underwent intestinal, hernia and eye surgery, and was treated for liver malfunction. Dorenda and Justin's father, Kraig, were told their son had a 50-50 chance for survival.

Thanks to new life-saving therapies and interventions to help prevent disabilities, Justin is now a rambunctious 6-year-old who loves to ride his bike around his Miami neighborhood But not all youngsters are so fortunate. Prematurity is a leading cause of infant death in this country. A recent study in the Journal of the American Medical Association showed that even slightly premature babies face a significantly higher than average risk of death in their first year: Those born at 32 weeks to 33 weeks were about six times more likely to die within their first year than full-term babies (40 weeks); those born at 34 weeks to 36 weeks had nearly three times the risk. Additionally, those who survive have a much greater risk of sudden infant death syndrome (SIDS) and lifelong medical complications such as cerebral palsy, visual and hearing problems, and mental retardation.

MORE PREEMIES, FEW ANSWERS

Although there have been major improvements in treatments for preemies, doctors have not been able to stem a rising tide of premature births. Last year, more than 450,000 U.S. babies were born prematurely — defined as before the 37th week. That's a 23 percent increase since the early 1980s, according to a recent report from the March of Dimes.

There's a lot of speculation over what's driving the increase, but not much data. As with Justin, doctors simply don't know why many babies are born prematurely.

"There are a number of potential causes but we don't have a clear, single biological reason for the increase," said Dr. Charles Lockwood, chairman of the department of obstetrics and gynecology at New York University Medical School.Lockwood, who is currently following 3,000 women throughout their pregnancies to look for patterns that predict preterm labor, attributes much of the preemie boom to an increase in multiple

births and pregnancies among women over 35. Multiple-fetus pregnancies have jumped fourfold in less than two decades, largely because of increasing use of fertility treatments that boost the chances of twins, triplets and other "higher-order" pregnancies, but also because of more pregnancies among older women, who have a naturally higher rate of multiples to begin with. Multiples are often born earlier and weigh less than singletons.

Additionally, women over 35 are at higher risk for preterm delivery from preexisting health conditions such as high blood pressure.

INFECTIONS, OBESITY AND STRESS

Infections are also cited as a factor in preterm labor. A large study showed that pregnant women with a gynecological infection called bacterial vaginosis were 40 percent more likely to deliver prematurely. "We all believe infection does play a role in prematurity. Infections of the cervix, uterus and vagina are known to have an effect, and some data suggest systemic infection and periodontal disease may play a role," said Dr. Donald Mattison, medical director for the March of Dimes. "And some researchers have suggested the impact of infection on prematurity is growing." Some speculate that the rising national rate of obesity could also be partly to blame for the increase in preterm births. Overweight women are at higher risk for chronic conditions such as diabetes and high blood pressure that are risk factors for premature delivery.

"It makes sense that a rise in obesity and the medical complications that go along with that do represent a likely cause of premature birth," Mattison said.

Stress may also play an important role in premature births, according to Mattison. He says it's thought that maternal stress may trigger early labor by changing the levels of certain placental hormones that signal for labor to begin, a theory backed in several studies.

He acknowledges that avoiding stress is a difficult order to follow for a pregnant woman, but urges women to identify stressors and gather support from family and friends to deal with them, and to practice relaxation techniques.

Mattison says stress is being studied as a possible cause of a pronounced racial disparity in preterm delivery. "Blacks have about twice the overall rate for preterm delivery but we're not sure why," he said.

The March of Dimes (The March of Dimes' biggest fundraiser, WalkAmerica, supports research and programs that save babies born prematurely or with birth defects. The event takes place in 1,400 communities across the country at the end of April (ask your local chapter for specific dates). Now in it's 31st year, the event is expected to draw 500,000 walkers.) is funding research investigating the discrepancy, including a study exploring whether the stress brought about by racism has an impact on the health of pregnant women.

Other factors tied to premature delivery include cigarette smoking, alcohol consumption, drug use, a weak cervix, uterus abnormalities, problems with the placenta, malnutrition and a family history of preterm labor.

But Mattison points out that despite these risk factors, the causes of most cases of premature birth are unknown.

PREDICTING PRETERM LABOR

Doctors have tried various strategies to prevent preterm delivery once a woman shows signs of labor, but no technique has had much success. Researchers have, however, been able to develop ways to predict if a woman will go into early labor.

A new test that Lockwood helped develop detects fetal fibronectin, a natural adhesive that binds the amniotic sack to the uterus. If the test detects the substance in the cervix or vagina, there is a 65 percent chance labor will come early.

Doctors also measure the length of the cervix: A shortened cervix is warning sign of early labor. "We are pretty good at finding out who's not in premature labor by measuring the length of the cervix and fetal fibronectin. But we're in a real quandary when these are positive because then we're not sure what to do," Lockwood said.

"There's not a lot of evidence antibiotic therapies prevent premature labor. Medications to suppress
contractions work only for a short period of time. And giving steroids may have risks for the baby."

BOOSTING SURVIVAL

So far, the biggest advances have been in the realm of saving the preemies once they are born.

New technologies have boosted the survival rate of tiny preemies tenfold over the past 15 years.

Among the new developments is surfactant therapy, an artificial version of lung lubricant that helps inflate the lungs after each breath that preemies are often unable to produce on their own, a treatment that helped keep Justin Washington alive.

Today, the only physical reminder of Justin's ordeal are the glasses he wears due to vision problems caused by a detached retina that resulted from the administration of oxygen while in intensive care.

"Justin is doing great. He's happy, healthy and full of life," his father, Kraig, beams. But Dorenda's breath still catches when she looks back at Justin's first months.

"When I had to leave my pound and a half baby at the hospital it was devastating," Dorenda recalls. "We lived on an emotional roller coaster for four months, and I wouldn't wish that on my worst enemy."

In addition to the physical and emotional toll of premature births, a very early preemie's intensive medical care often runs into the hundreds of thousands of dollars. To help head off the problem, doctors urge women to get routine gynecological exams and discuss risk factors with their health-care provider.

"This is best prevented before a woman even gets pregnant," Lockwood said. "Women with risk factors should see an ob-gyn before they get pregnant to look for evidence of infection, see if there are any risk factors for bleeding, evaluate the risk for multiples and look for abnormalities in the uterus."