Obstetrics, the Most Corrupt Branch of Medicine?

by James P. Johnston, D.O.

“How would you do this abortion?”

It was my first day of my first obstetrics rotation in my third year of med school. I was one of 13 ambitious medical students surrounding the senior obstetrician at Florida Hospital in Orlando. A 20-year-old crack addict had an umbilical cord prolapse and a deceased mid-trimester baby, but the obstetrician took the opportunity to educate us on how to dismember a child at this stage of gestation in a dilation and extraction abortion.

No one would argue this unborn child was not a human being. If this child was born prematurely, it could’ve been put in a neonatal ICU and survived. Your place of residence does not mitigate your humanity or your viability in your natural environment. The record survival for the earliest birth is an 18-week-gestation delivery of little Kenya King, born in Orlando in 1985. She left the hospital after a lengthy neonatal ICU stay, but she survived. Yes, that was 35 years ago. Why so few miracle babies since?

Because they prefer to kill premature babies at this stage of gestation (or let them die) than to save them.

When it comes to social issues, the leading obstetrician and pediatric medical groups (like the American College of Obstetricians and Gynecologists, and the American Academy of Pediatrics) all take the most extreme position. Justifying abortion through all nine months of pregnancy for any reason. Opposition to spanking children. Opposition to vaccine choice. Encouraging forced censorship of traditional Christian views of homosexuality in the name of "anti-bullying" and tolerance. Encouraging the vaccination of children without parental consent. Encouraging pediatric abortions without parental consent. Chemical castration and surgery on children wanting to transition to the opposite sex. Taking children away from parents by force if the parents oppose sex transition hormones and surgery.

It was during my first obstetrics rotation in medical school that I began to look seriously into home-birthing. I did not appreciate the physician-centered focus of hospital Labor & Delivery suites. The routine denial of

food and drink, the routine procedures that increased risk to the mother and the baby with no documentable benefit, the reliance on unnatural medication to remedy natural childbirth pain, the high C-section rates, and the general attitude among staff that pregnancy should be treated like a disease. Obstetricians are trained to reach for the scalpel too quickly, and they are financially awarded for being overly aggressive with episiotomies and IVs and C-section surgeries.

Why should we be surprised that the profession responsible for a million deaths a year by abortion should view pregnancy as a disease, not health? In no field of medicine has the routine practices and policies of the medical providers interfered with the best interest of the patients than obstetrics. But given the almost universal acceptance of the killing of unborn children even old enough to survive outside the womb, why be surprised?

Hospitals are for sick people, not healthy people. I am convinced that labor and delivery of healthy mothers and babies should best be done under the care of a midwife.

Pregnancy, labor, and delivery of children, in order to be brought wholly under the jurisdiction of the obstetrician/gynecologist, must be charactered as pathological. Pregnancy is seen like a disease, requiring routine medical intervention.

The first way pregnancy is treated like a disease is in the pre-pregnancy phase, with the almost routine prescribing of hormonal birth control to prevent pregnancy. Hormonal birth control shouldn't be in the jurisdiction of medicine anymore than getting a tattoo. Hormonal birth control doesn't improve health or function but takes something healthy like fertility and makes it dysfunctional. The side effects of increased risk of stroke and heart attacks and blood clots

are an acceptable risk to prevent the creation of children.

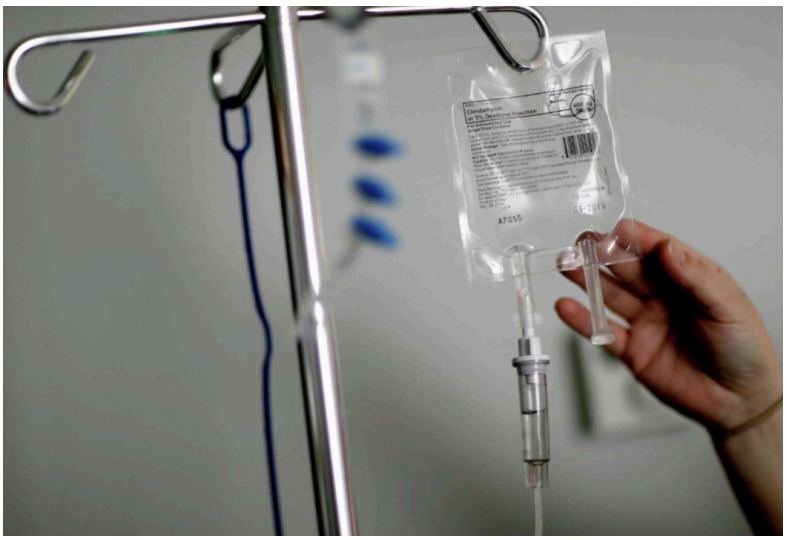
As a Christian, I find this anti-child mindset abhorrent. The Bible says that children are gifts of priceless wealth. They are riches given to us from heaven. They are a blessing. See Psalm 127 and 128. But obstetricians and gynecologists devote much of their energy discouraging the creation of children, even pressuring women who have several children to go on birth control. And if they have children, the obstetrician's routine policies and procedures make labor and delivery such a negative or even dangerous experience that she's more susceptible to the doctor's persuasion to practice temporary or even permanent birth control.

I consulted with a 36 year old patient this week who informed me that her obstetrician had labeled her "high risk" due to her "increased age", and mandated aggressive prenatal care with several ultrasounds and extra lab work. He berated her for coming off her birth control pills. But she only had one child, and she wanted another. Frustrated, she met with me to discuss home birthing. All of my children have been born at home, and having delivered about 80 babies in my medical training, I knew how physician-centric and anti-child obstetrics had become, so I strongly recommended a homebirth with a midwife.

However, she happened to live in one of the backward states in the world. North Carolina has actually *criminalized* home midwifery! For a woman to deliver at home with a midwife's assistance she has to do so illegally. In worst case scenarios, if something goes wrong and an ambulance is called, the midwife has to exit out the back door when the squad arrives to keep from being prosecuted. In the vast majority of the world today and throughout the course of human history, women labor and deliver <u>at home</u>. Hospitals are for sick people, and the labor and delivery of children isn't a sickness. It is health. Shame on North Carolina for sacrificing the healthcare of women and children to enrich obstetricians.

An article was written a few years ago which indicted the field of obstetrics in the U.S. for having the same maternal morbidity and mortality rates as in the 1960s. Are you telling me that the outcomes for labor and delivery have not improved since eight track tapes and Nixon? All our advances in science and medicine and yet the risk of a negative outcome in labor and delivery hasn't improved in more than half a century? How is this possible?

It’s because the routine policies and practices are to blame for most of the morbidity and mortality! Did you know that a C-section is statistically one of the worst outcomes for the mother, greatly increasing the risk of death and disability? The C-section rate has jumped 500% since the mid-70s. One in three babies are born via surgical C-section. In some hospitals in big cities, C-section rates are greater 60%! That makes hospitals one of the most unhealthy places to have a baby!



Once the pregnancy woman arrives in labor, they put an IV in her arm and begin to deprive her of food and drink. Why? In case they have to do a C-section. There is always the chance of intubation in the operating room, and the medicines given pre-intubation can cause vomiting, which can result in vomit in the lungs and respiratory distress and respiratory failure. This is a good example of how the self-protective policies of obstetrics causes problems that more intervention remedies. Intervention begets intervention. Of course the vast majority of women would have far healthier, more comfortable deliveries if they could eat and drink, and if they weren’t tethered to an IV pole making walking cumbersome. But the doctors are more worried about juries in the rare case something goes wrong than they are about the inconvenience and risk they bring to the vast majority of mothers and babies.

Another common practice is the induction of labor with a hormone caused oxytocin, to induce contractions. It is frequently done before 42 weeks gestation. I can’t tell you how many times a pregnant woman said she had an induction because she was 41 weeks. However, the due date is 40 weeks plus or minus 2 weeks. Thus, she’s not late until after 42 weeks. Her oxytocin will work just fine with far less pain and risk if we would trust her healthy body to begin labor in its proper timing. Induction greatly increases the risk of C-sections. Once again, intervention begets intervention, and intervention enriches obstetricians and hospitals, so the policies persist.

“LGA” is also a common reason given for an early induction of labor. That’s when a baby is labeled “large for gestational age.” It’s almost laughable to see how often the obstetrician is embarrassingly wrong, with the babies labeled “LGA” turning out to be 7 or 8 pounds. Even if the baby is above average in size, in my opinion our easiest labor was our heaviest child, at 9 pounds 2 ounces. But the diagnosis of LGA is made, the high risk surgery performed, the insurance company pays, and that’s all that matters to the obstetricians and hospitals.

I know many women who frequently turned to narcotics and/or epidural for pain in labor. I found the Bradley method for pain control safe and effective. No risk-increasing medical invention. It gets the husband involved in the labor process and increases marital unity, which has a tremendous positive psychological affect on the pregnant woman. Narcotics and epidural pain relief, however, increase the risk of the child being born blue and listless, with poor respirations. Epidurals also require the mother to be on her back because she can’t feel her legs, which causes her to lose the benefit of gravity with labor and delivery. On her back, because of the way the uterus is situated in the pelvis, women have to push the baby uphill! Of course, these interventions also increase the risk of C-sections. Intervention begets intervention, and intervention is risky for the mother and the baby and makes the doctors and hospitals rich.

I said earlier that all my children were born at home, but that is not exactly true. During the labor of my tenth child, we experienced “failure to progress”—which is one of the most common reasons given for C-sections. We did 99% of the labor at home, but when contractions simply ceased, we went to the hospital for induction. Once the required unit of IV fluids had gone in and induction was working well, the nurse preceded to call the doctor for the pushing phase.

“Wait,” I said. I asked my wife to push, and the baby came right out. Thank God.

Why didn’t I want the obstetrician to deliver the baby? My bill would be the same whether he was in the room or not. I didn’t want the doctor to catch the baby because I knew the chances were high he would reach for the scissors first. This doctor likes to do routine episiotomies, which is when they cut the perineum with scissors. They simply don’t trust the body to do its job and stretch as needed. Or, they’re simply in a hurry to get to the golf course. Or, they want to make some more money sewing up the wound

they caused, or give the med student rotating with them some practice. Regardless of the reason for this intervention, one thing is clear. All the worst vaginal tears (the ones that go through the anus sphincter muscles) start with scissors. The patient is inconvenienced and the doctor enriched.

As chief family practice resident in an obstetrics rotation I got involved in a case that broke my heart. I went into the room of a young single Mom who was in early labor and in tears. She wanted a natural birth so badly. “Please, can I just get up and walk.”

“No,” the nurse replied. “I need you on your back so I can monitor the baby’s heartbeat with the fetal monitor.”

The woman begged with tears, but the nurse was immovable. All the fiance could do is stand across the room with his arms crossed and feel sorry for her.

The nurse proposed an epidural to help with her discomfort.

I had enough. It was time for me to act in defense of the patient's wishes, even risking upsetting the nurse. I approached the patient. “I’m the resident physician assigned to your case. Certainly, you can get up and walk.”

The nurse objected. “But we have to monitor the heart rate of the baby.”

“No you don’t,” I replied. “Those monitors increases the risk of C-section with no demonstrable improvement in fetal or maternal outcomes.”

The nurse was stunned. “That’s not the way I was trained. And I know the doctor at least is going to want to know that the heart rate is rising appropriately after contractions.”

“Well, you can be inconvenienced, not the patient. She can walk and you can follow her with the fetal monitor, intermittently checking the baby’s heart rate after contractions.”

The mother was so grateful, you’d have thought I saved her life! I made the whole experience pleasant for her, simply by granting her the right to choose to walk, and preferring science over stupid anti-woman, doctor-enriching hospital policies.

I worked with a hospital midwife who, halfway through a contraction, would actually turn off the monitor. “Why are you turning off the monitor?” I inquired.

She leaned toward me and whispered, “Because I know the doctor is sitting in the physicians lounge looking for a reason to do a C-section and get on his fishing boat early. He’ll use the low heart rate during contractions as an excuse to do a C-section. But I know the heart rate will come back up and we’ll have a healthy baby here within a half an hour.”

Why do they even use the monitors then, if they cause risk and inconvenience without measurable benefit? First, the monitor increases C-section rates and that enriches doctors. They get much more money for C-sections than they do for natural deliveries. The doctors with the lowest C-section rates (the better doctors) get paid less. Also, rarely, the monitor will catch a problem that intervention will prevent or even be life-saving. And that’s what the jury is going to hear from experts if the doctor dares to heed to common sense and forgoes the inconvenient fetal monitor. A death or disability from being too aggressive with interventions doesn’t precipitate

lawsuits. A death from not being aggressive enough loses lawsuits. It's lawsuits and salaries that dictate the policies, not what's best for the health of most mothers and babies.

I worked with a doctor one time who admitted he made up a reason to use forceps with every delivery. He needed "practice" and it made for quicker delivery. He didn't even have to suture the mothers up after his vaginal tears and episiotomies. He'd get the med student to do it and he could still charge for it.

I will close this article with a tale of two shoulder dystocias (what happens when the head comes out of the womb but the upper body is stuck, usually because of the baby's shoulder getting stuck under the mother's pubic bone.)

I worked with one obstetrician who admitted he cut the head off a baby who was "stuck" with shoulder dystocia. Gravity may have helped, but alas, the woman's legs were numb from her epidural and she was flat on her back. The procedures to expel the baby hadn't worked, and concerned that the baby would be brain dead, he decapitated the baby with a scalpel and delivered the rest of the dead baby with a C-section. "The baby was already brain dead," he assured me. "Of course I felt guilty about it, and the mother was horrified, but there was no other option."

However, a friend of mine was at home with his wife when they were in labor with their first child. The midwife had not yet arrived and the mom labored fast. The head came out of the womb and the baby was stuck through four contractions. At least ten minutes! If the vagina cuts off blood supply to the baby's brain, I knew that could be fatal to the child.

"What did you do?" I asked.

"We prayed and trusted God."

The midwife arrived, did a simple procedure and the baby was delivered. Normal and healthy, praise God. No brain damage at all.

Who are you going to trust? The field of obstetrics, with its anti-child, "pregnancy-is-disease" godless mindset, or God, who says children are a blessing and who answers our prayers?

The times when I assisted with the birthing of my children in my home remain some of the most deeply spiritual moments of my life!

Though photograph above is not of my family, all of my children have been birthed at home and the cheerfulness in this photo is typical. Your home is comfortable. It's safe. Laboring women thrive in an environment where their pregnancy is not treated as a disease.

If you're curious about homebirthing, check out Ricki Lake's documentary on homebirthing entitled, The Business of Being Born.

Thank you for taking the time to read this.

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