

contemporary topics in pregnancy and birth

INSTRUCTIONS FOR WRITING ABOUT YOUR TOPIC: You will write two paragraphs. Put them on separate sheets of paper. The first paragraph is a personal response. You will write only your own feelings about the topic. If you wish, you may write about any experiences you have that are related. The second paragraph is a “news brief.” The purpose of this news brief is to educate other people.

TO PREPARE YOUR NEWS BRIEF:

- 1** Gather information about your topic. For topics A–F, information may be drawn from the indicated materials. For topics G–N, information should be gathered from brief interviews with three people; they may be classmates, but seek out varying opinions if you can.
- 2** Explain what the issue is.
- 3** Describe why this is “news” or why the issue is controversial or is a concern.
- 4** End the paragraph with a conclusion or with questions for your reader to think about. When you write this, remember it is for a public audience, such as newspaper readers or radio listeners.
- 5** Finally, at the bottom of the page, state whether you gathered your information by reading or by interviewing people.

pregnancy and birth: contemporary topics and guiding questions

READ-AND-THINK TOPICS (A-F)

A Sex selection in places where sons are preferred

See: Fact sheet on Sex Selection.

Think about: What is the solution to this problem in the long run?

B Assisted reproduction (technologies to help infertile couples)

See: Fact sheet on Infertility and Assisted Reproduction.

Think about: How do you feel about hiring and paying someone else to carry a pregnancy (surrogate motherhood)?

C Cesarean section: Sometimes this surgery is performed when it is not necessary; sometimes it is not available when it is needed. What is just right?

See: Fact sheet on Childbirth and Breastfeeding (section on cesarean section).

Think about: How do economic factors influence the rate of cesarean section surgeries?

D When abortion is not a choice: Forced abortion or forced motherhood

See: Fact sheet on Abortion.

See: Unit 7 section on unintended pregnancy and abortion.

Think about: Should anyone be forced to have an abortion? Should anyone be forced to carry an unwanted pregnancy?

E Obstetric fistula

See: Fact sheet on Childbirth and Breastfeeding (section on obstetric fistula).

Think about: Why don't more people know about this problem? What can be done about it?

F Being pregnant and HIV-positive

See: Fact sheet on Childbirth and Breastfeeding (section on being HIV-positive and pregnant).

See: Fact sheet on Reproduction and Pregnancy (section on promoting a healthy pregnancy).

Think about: What are your feelings about this issue?

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INTERVIEW-AND-THINK TOPICS (G-O)

G Teen fatherhood

Interview three people. Ask: Are teenage boys ready to be fathers? Do most teen fathers remain responsible and active in the lives of their children? What responsibility do boys have for preventing unwanted pregnancy?

H Making it easier for girls to manage menstruation

Interview three girls. Ask: What do most girls do to stay clean and absorb blood flow during menstruation? Is cost an issue? How much of a problem are menstrual cramps?

I Adoption: Knowing or not knowing your biological parent/child

Many babies are adopted by someone who does not know the baby's biological parents. Sometimes the child receives information about one or both biological parents, or may even have contact with a biological parent. Sometimes no information is available or contact possible. *Interview three people. Ask: What do you think is best? Should a child receive information about a biological parent? Should a child have the opportunity to contact his or her biological parent?*

J Birth classes: Preparing both fathers and mothers for birth and parenting

In some places, couples take classes together to prepare for having a baby. They learn about birth and about infant care. *Interview three people. Ask: Are these classes needed in our community? What difference could it make if fathers had this kind of information?*

K The presence of fathers during the birth of their child

Interview three people. Ask: Should fathers be present in the delivery room when their children are born? Could this experience affect their bond with their children?

L Maternity-leave and paternity-leave policies

Interview three people. Ask: How much time off do you think new mothers need from work after giving birth? In some countries, fathers get time off; what do you think about that idea? How much leave time should fathers be able to take?

M Who taught you about reproduction and when?

Interview three people. Ask: Who taught you about where babies come from? How old were you? What do you think is the best way to learn about human reproduction?

N Government policies that provide incentives to affect family size

Some governments that want their populations to grow offer money to couples who have more children. Some governments are concerned that their populations are growing too fast and offer cash or gifts to individuals who have an operation to end childbearing. *Interview three people. Ask: Do you agree with either policy? Why or why not?*

O Pregnant and in school?

Every day, adolescent girls who are still in school become pregnant. In some places they are allowed to continue with school, whereas in other places they are forced to drop out of school. *Interview three people. Ask: What is the best policy for supporting both pregnant teens and their babies? What is the role and responsibility of the father?*

abortion

What is abortion?

Abortion is the ending of pregnancy before the fetus is viable. A pregnancy that ends on its own is called a spontaneous abortion or a miscarriage. Or an abortion may be induced — that is, a woman or girl may seek to end a pregnancy. People decide to seek an abortion for many different personal and health reasons.

How common is abortion?

Abortion is very common. About one in five pregnancies ends in spontaneous abortion (often before the woman is aware that she is pregnant). A similar number — about one in five pregnancies — ends in induced abortion. Most abortions — whether spontaneous or induced — take place when the pregnancy is eight weeks of gestation or earlier.

What does an induced abortion entail?

There are two primary methods of induced abortion. One is a brief procedure during which a health care provider uses medical instruments. The instruments are used to suction or remove the contents of the uterus (the blood-rich lining that holds the embryo or, in later abortions, the fetus; this lining is expelled during the menstrual period if the woman is not pregnant). The second method involves taking one or more pills that trigger uterine cramping and the start of menstrual bleeding. By this method, a woman expels the lining of her uterus and with it, the embryo. Occasionally, part of the lining remains in the uterus. In such a case, the health care provider uses medical instruments to complete the procedure (as described above). Both methods are effective if performed under proper conditions.

Is abortion safe?

When performed under proper conditions, an abortion is a simple and safe procedure. The procedure must be conducted by a trained health care provider using proper equipment, technique, and sanitary standards. Abortion is safest early in pregnancy. When performed during the first half of pregnancy (as virtually all abortions are), it is much safer than having a baby.

In many places, however, abortions are performed by people who lack the necessary skills. Often they are performed in an environment that does not meet minimum medical standards. In these situations, abortion carries great risk. Globally, nearly half of all abortions are unsafe, and nearly all of these (95 percent) are performed in developing countries. The risk is often greatest in rural areas. As a result, nearly 70,000 women and girls die every year from complications of unsafe abortion. These deaths are preventable.

Is abortion legal?

In most countries, induced abortion is legal under some or all circumstances. Where it is legal, it tends to be safer. Where abortion is criminalized, unsafe procedures are common, and women and girls suffer health complications.

Criminalizing abortion does not make it less common. In fact, some of the countries with the most restrictive abortion laws have the highest rates of abortion.

This fact sheet
accompanies

unit 7,
pages 214–217.

childbirth and breastfeeding

What happens during childbirth?

When a woman is about to give birth, her body enters a stage called “labor.” Labor often begins with one or more of the following: clear or pink-colored mucus flowing from the vagina; amniotic fluid flowing from the vagina; and contractions of the uterus that are perceived as a hardening of the belly. The intensity of the contractions increases during labor. The cervix opens and the uterine contractions help push the baby through the opened cervix and vagina. Labor generally lasts between 5 and 18 hours, but varies among women. It usually becomes quite painful (although the perception of pain varies among women and may depend on the preparation the woman made during antenatal care), exhausting, and can be anxiety provoking. However, many women experience labor and childbirth as a wonderful and incredible experience.

What is a cesarean section?

Cesarean section, also known as c-section, is a surgical method of childbirth. During this procedure, an incision is made through the woman’s abdomen and uterus and the baby is removed. It is usually performed when a vaginal delivery would put the mother’s or baby’s life or health at risk. Sometimes it is performed for the benefit of the doctor rather than for that of the woman or baby, for example to allow the doctor to schedule a convenient time for delivery. Unnecessary cesarean sections may increase risks to the health of the mother and the baby, including the risk of death.

What help do women need when giving birth?

Wherever a woman gives birth — whether at home, in a health post, or in a hospital — she needs assistance from a trained person such as a midwife or doctor. Proper conditions and access to emergency care are also necessary in case of complications. Conditions and practices related to childbirth vary around the world. In some countries, all women have access to skilled assistance, but in other places most women give birth at home without the help of a trained attendant and lacking proper conditions and emergency backup care. In some places, women in labor also rely on support from other women. In other places, the woman’s husband or partner is present and can give her support. Some women give birth alone, without any help.

What are the consequences of giving birth without skilled assistance?

Because complications occur in about 15 percent of all births, the lack of trained assistance and access to emergency care results in preventable illness and death. Every year, more than half a million women die and 8 to 15 million women suffer serious injury or disability, such as obstetric fistula, from causes related to pregnancy and birth. Nearly all of these deaths occur in developing countries. Almost all of these deaths could be prevented with skilled attendance at delivery and timely emergency obstetric care for complications, use of family planning methods to reduce unintended pregnancies, and access to safe abortion services.

This fact sheet
accompanies

unit 6,
pages 174–177.

What is an obstetric fistula and how does it affect women?

An obstetric fistula is an opening between the vagina and the bladder or rectum, sometimes both, that allows urine and/or feces to leak continuously. When a woman experiences blocked labor and has no access to a cesarean section procedure, the prolonged pressure of the baby's head on the tissue between the bladder and the vagina or rectum can cause an opening, called a fistula.

In most cases, the baby dies because of the prolonged labor. For the woman, the ongoing smell of leaking urine or feces, or both, is constant and humiliating; many women and girls with this condition are abandoned by their husbands and avoided or shunned by their family, friends, and communities. Untreated, fistula can lead to chronic medical problems, including ulcerations, kidney disease, and nerve damage to the legs.

About 100,000 cases of obstetric fistula occur each year, mostly in sub-Saharan Africa and Asia. Fistulas occur disproportionately among impoverished girls and women, particularly those who have small pelvises, because their growth is not yet complete or has been stunted by malnutrition. Fistulas can usually be surgically repaired at a hospital. However, an estimated two million women are living with untreated fistula.

Why is breastfeeding important?

Breastmilk is the only perfect food for a baby, especially for a newborn. The first yellow-colored milk, called colostrum, is rich in nutrients and antibodies that protect the baby from diseases and infections. Colostrum also helps to clean the baby's gut. Breastfeeding during the first hour after birth helps the uterus to stop bleeding and the milk to start flowing. In addition, breastmilk is always clean, ready, and of the right temperature. It helps the mother and baby to feel close, and it costs nothing. (The World Health Organization recommends breastfeeding without other food for the first six months of a baby's life. If possible, extend breastfeeding beyond six months in combination with safe and nutritious foods.)

What can a pregnant woman who is HIV-positive do to reduce the chance of passing the virus to her baby?

A pregnant HIV-positive woman can transmit the virus to her baby during pregnancy, labor, and delivery, and through breastfeeding. If she takes no preventive drugs and breastfeeds, she runs about a 20 to 45 percent chance of transmitting her infection to her baby. Today, however, effective drugs can prevent the transmission of HIV from a mother to her baby during and after pregnancy. An HIV-positive woman who is or wants to become pregnant should seek the advice of a physician about which drugs to take and when. HIV-positive mothers should also speak with their health care providers about appropriate feeding options for their newborn that can reduce the chance of transmission through breastmilk. In areas where a mother may not have regular access to safe water and infant formula, it is better to breastfeed exclusively for the first six months and then to wean abruptly. Combining breastfeeding with commercial formula or starter foods carries the greatest risk of passing HIV infection from mother to child. By taking preventive medicines and following the appropriate feeding guidelines, an HIV-positive mother can reduce the chance of passing HIV to her baby.

infertility and assisted reproduction

What is infertility?

A couple is said to be infertile if they do not become pregnant after having unprotected sex regularly for a year, even if they have had children before. About one in ten couples has trouble becoming pregnant.

What are the main causes of infertility and what can be done to protect against it?

Although infertility is often blamed on the woman, about half the time the man is infertile, or both partners may contribute to the problem. The main causes of female infertility include blocked tubes (for example, from an untreated STI or another condition, such as endometriosis) and hormonal problems. The main causes of male infertility are problems with producing enough healthy sperm (which can be the result of various factors). To protect against infertility caused by STIs, use a condom when a pregnancy is not desired. Age may also be a factor. People, particularly women, become less fertile as they age. Women's fertility declines significantly beyond the age of 35.

What is the first course of action for fertility problems?

First, the couple should determine the woman's fertile time and have sex when her mucus is abundant, clear, slippery, and stretchy. They should treat any health problems, eat and rest well, and avoid tobacco, drugs, alcohol, and caffeine. The man's semen can be examined at a clinic to determine if he has sufficient sperm, and his scrotum can be examined for presence of a varicose vein that may affect sperm production. The woman can be examined to see if she has a condition or an infection that can be treated.

What other treatments are available for infertility?

Other treatments depend on the cause of the infertility. If the woman is not producing eggs, fertility drugs may help. If a tube is blocked or if there are other conditions, surgery may help. If a man has a varicose vein in his scrotum that is affecting his sperm, surgery may correct the problem.

What is assisted reproduction?

Assisted reproduction is the use of various advanced techniques to aid fertilization. Artificial insemination involves inserting male semen into the woman's vagina when she is ovulating. In-vitro fertilization involves joining eggs and sperm in a laboratory dish, and inserting the resulting fertilized egg or eggs in the woman's uterus. Another practice is "surrogacy" in which couples arrange with a "surrogate mother" that she will carry a pregnancy for the woman (usually by means of in-vitro fertilization), when the woman is unable to do so herself. Such complicated techniques of assisted reproduction are extremely expensive.

This fact sheet
accompanies
unit 6,
pages 172-173
and page 177.

sex selection

What is sex selection?

Sex selection is the practice of testing for the sex of a fetus during pregnancy and choosing to keep or abort the pregnancy according to the test results.

Why do people practice sex selection?

The main reason people practice sex selection is because they live in a society where sons are valued above daughters. In some settings, sons carry on the family lineage and name, inherit family property, provide income to the family, support parents in their old age, and perform parents' burial rites. Daughters in these societies, on the other hand, are expected to leave their birth families to live with their husband's family. Government policies that restrict the number of children that a woman may have contribute further to the decision to abort a female fetus.

In societies where boys are preferred to girls, many women are under extreme pressure to bear sons. Giving birth to a son enhances a woman's status. Failing to produce a male heir may cause a woman to suffer blame, abuse, or even abandonment. In some situations, a pregnant woman may even be coerced into having a test to determine the sex of her fetus and then aborting the fetus if it is female.

How is sex selection accomplished?

A number of procedures — originally designed to help monitor a pregnancy — allow health care providers to identify the sex of a fetus. In some settings, these procedures are now widely used specifically to identify fetal sex, with the intention of aborting the fetus if it is female.

Prior to pregnancy: In some cases, fertility specialists can enable parents to select a baby's sex prior to pregnancy. Special techniques are used to separate the male and female sperm within a sample of semen. (A baby's sex is determined by the father's sperm, not by the mother's egg.) Only sperm that are of the desired sex are used — either by artificially inseminating the woman or through in-vitro fertilization.

During pregnancy: Several procedures exist to identify fetal sex during pregnancy. One of these procedures is ultrasound, which uses sound waves to generate a rough image of the fetus on a computer. Another such procedure is amniocentesis (inserting a needle into the amniotic fluid surrounding the fetus and analyzing the fluid). A third procedure is called chorionic villus sampling (removing and analyzing a sample of placental tissue).

After pregnancy: Some couples take drastic measures after childbirth. An infant girl may be given up for adoption, abandoned, or killed because she is female.

What are the consequences of sex selection?

Sex selection results from (and perpetuates) gender discrimination. In places where it is common, such as parts of China and India, it has resulted in vastly greater numbers of boys compared with girls. As a result many young men in such settings are unable to find a wife. Even where it is outlawed, sex selection continues to be practiced. It remains a serious concern among many women's rights advocates and governments.

This fact sheet
accompanies
unit 7, page 215.