DIPLOMACY DIGEST

Issue #74
Sept 1983
The Coming of Joshua

Mark L Berch
492 Naylor Place
Alexandria VA 22304

Subs: 10 for $4.00
Europe: 10/$4.50 or 7/£2
Circulation: 124

THE COMING OF JOSHUA

Those who have subscribed to DIPLOMACY DIGEST for a while know that while I normally stick just to the game and hobby, there are ocassional issues which are an exception. The "Israel" issue, and the account of the trip to Spain were in that catagory. We will not, however, be taking any overseas trip in 1983 (and probably not in 1984 either). This essay will be about a trip of another sort, a trip, if you will, into parentage.

Some of you are already groaning : Berch will being going GAGA over his kid for pages and pages. Well, actually, no. Joshua will be offstage for most of this. Unlike a certain Canadian zine, there will be no baby pictures. After all, most of you don't care what I look like, let alone him. What's more, its true: all newborns do look pretty much alike, except of course to their parents, and that doesn't inclvde any of you.

I should backtrack a bit and tell you alittle about Mona. Virtually none of you have been lucky enuf to even meet her, let alone get to know her. Mona has worked , either part or full time, pretty much non-stop since graduating from High School. She went first to a nursing school in Philadelphia, a three year program which gives an R.N. These kinds of programs, incidently, are becoming obsolete, and are slowly being phased out. This is just as well --- its an educational style whose time has past. It was during this time (Spring 1965) that I first met Mona, as I was at U. of Penna. at the time. A year later, we split up, with Mona off to Pittsburg to get a liberal arts degree at U of Pittsburg --- you don't get that kind of education at Nursing School. In 1968, we picked up our romance again, thanx to Mohawk Airlines, which had a very cheap flight between Pittsburg and Boston, where I was a grad student at MIT. In 1970, right after she graduated, we were married, and we moved into an apartment just above a pizza joint in Central Square in Cambridge.

Mona worked at a private mental hospital during the summer of 1969 in Belmont Mass, which was a real eye-opener. Once we were married, she worked at the MIT clinic, where the patients were mostly MIT students and faculty, with a variety of problems. At this stage, some of her independence began coming out. She pushed, for example, for nurses being permitted to wear a wider variety of uniforms. She put together a sex-education booklet for undergraduates, the first time any such thing had appeared at MIT. She ended up working night shifts mostly, not so much because she liked night work per se, but because that provided her more autonomy and less supervision from the doctors. By the time we left Cambridge in late 1973, she had had quite enuf of that kind of work

and was looking for something more specialized.

In 1974 we moved to Washington, and she got a job at the Psychiatric Institute, a chain of privately owned, high-profit mental hospitals. Eventually, she chafed under their rules and requirements, and began to be more interested in the field of alcoholism When another hospital decided to set up an alcoholism unit, and invited her to be an assistant head nurse there, she jumped at the chance. This turned out to be a disaster. The woman she worked for turned out to be an impossible perfectionist and workaholic. It was by far the most stressful job she ever had, and she had to quit before it ruined her. A few months later, her boss was herself fired; what a mess that was. In early 1976, she began work at the Alcoholism Treatment Unit at the Washington Hostial Center, a job which went fairly well for a while. Eventually, tho, she tired of the rotating shifts and having to work half her weekends still, and, in a real sense, she was getting bored with the job.

She had also gotten interested in the field of Employee Assistance Programs. These are designed to help people who have personal problems (drugs, marital problems, alcohol, etc) which are interfering with their job performance. She got interested in this after seeing coworkers get fired --- or commit suicide --- because nothing was done about these problems. She then began a long stuggle at WHC to get such a program set up. This included participating in a Nurses strike against WHC; one of their demands was that sucha program be set up. Despite the fact that hospitals are very vulnerable to such employees (narcotics are easily stolen by nurses; an error by an overstressed doctor can have very expensive consequences), the Hospital showed incredible inertia. After a year of active struggle, she had gotten nowhere, and, having completely outgrown her nursing job, she quit.

Altho she lacked any formal credentials, she was determined to find a job in her new field, and eventually she found a part time, unpaid slot working for a one-man show called COPE, Inc --- the ultimate in entry-level jobs. But a contract was landed, so some money started coming in, and gradually she landed up with a full-time position which paid her what she was worth in the field she wanted to be in. AT long last, sucess! But by now she was in her mid-30s, and for a woman who wants to have a child, the clock ticks louder and louder during that period, as some things can no longer be put off. But a baby provided a serious risk to the career that she had taken so long to find. She was "undercredentialed" (i.e. no Masters degree) in a field that had far more job seekers than positions. Its dangerous to leave a job in such circumstances....

This may strike you as a rather long-winded introduction, but decisions are made , and a baby arrives, in a certain social and psychological matrix. It means, for exammple, that Mona has seen many babies born, and assisted in such births as a nurse. It also means that this was as radical a shifting of gears as can be imagined --- Mona is not a homebody. In our family, for example, I do virtually all the grocery shopping and the cooking. Mona takes care of the cars.

Pregnancy is a time of preparation, as well as anticipation. There are a variety of ways to do this, in fact, there are so many, you can land up doing little else. By far the most important preparation is nutrition. Sad to say, this gets far less attention than it deserves, tho this is changing in recent years. You can, for example, buy books on naming your baby --- but you'll be lucky to get more than a few pages on food in a pregnancy book. Mona was amazed to find pregnant women who pretty much ignored the whole subject, not changing their diet at all --- ones which may have been pretty dreadful to begin with. A "normal, healthy diet" is not enuf. A pregnant woman needs a lot more of quite a few things, but most importantly, she needs extra calcium (for both baby bones and teeth) iron (a great deal of extra blood is needed in pregnancy. The baby needs several months supply stored in its liver, since milk has virtually none) protein (for tissue growth), folic acid (for cell division and the baby's central nervous system) and pantothenic acid (for nerves and red blood cells). She will need roughly double her normal amounts of these. Thus, Mona had 4 cups of milk (or its equivalent in yoghurt or cheese) every single day. It was part of the rhythm of every

day of the pregnancy, along with an egg, greens, 8 oz of animal protein or its equivalent in the beans/rice/tofu world. You can get printed diets, but the foods they insist you eat every day would not only require the better part of the day doing nothing but eating, but would also seems to convert you into a blimp. There is also the question of drugs. Mona took the extreme position of not taking any whatsoever, which means not even any caffeine (e.g. black tea) or aspirin. It impossible in some cases to know whether you are overdoing this. The drugs all will pass thru the placenta, and none of them have been proven safe for a baby, tho this doesn't mean they are harmful . Some are known to be harmful. No pregnant woman should smoke anything, take any powerful tranquilizers or opiates or pyschedelics under any circumstances. Alcohol is probably the most, contentious issue. Heavy drinking will usually cause one or more serious problems which go under the rubric of "Fetal Alcohol Syndrome", and moderate drinking often does. The question, then, is: Does a minimum dose exist, or will any alcohol use increase the risk of this? This is a very difficult type of question to answer. But one must remember that the baby has no say in the matter: If Mom drinks, the baby drinks, regardless of how much. Alcohol is the #1 preventable cause of birth defects, according to present knowledge.

A certain amount of genetic counselling and testing may also be advisable. Since we are both Jewish, Mona was tested to see if she were a Tay-Sacks carrier. As Mona is 37, she underwent amniocentesis to test for Down Syndrome, the most common serious genetic problem, and one whose incidence rises steadily with maternal age. The test can also pick up a few other less common problems of a genetic origin, and at the same time, the baby can be tested for spina bifida, an uncommon, but extremely serious ailment. AMniocentesis is not easy or cheap, nor is it 100% safe, altho new rpocedures are being developed which will make it safer, and make it possible to do it much earlier.

The procedure also tells you the gender of the baby, which raises the issue of 1) Do you want to know? and 2) Should you tell others if they want to know? The answer for both of us was yes to both, and in fact, only my mother said she didn't want to know. Indeed, I see a positive value in telling people in advance. Far too much empahsis is placed on, "Is-it-a-boy-or-girl?" While I can see someone wanting a second baby to be different from the first, what difference should it make for the first? I can't tell you how many people asked me, "Do you want a boy or a girl" (or, as one person put it, "How disappointed will you be if its a girl?") Its a lot more important whether or not the baby has 2 arms than whether or not it has oviaries, but people place so much importance about gender. More than one person, on being told we had had a sonogram, asked us the sex of the baby -- and not whether it looked healthy. One way to combat this is to remove this from the drama of childbirth. Childbirth is a momentous time, but whether its a girl-or-boy is not, so lets separate them. One slighly comical side effect of the fact that my mother didn't want to know was that at the shower which 3 of Mona's friends gave for her, everybody was careful not to give anything pink or blue so as not to tip off my mother!

I should mention also the sonogram. This is an extremely useful, non-invasive way of examining the embryo or fetus. Its amazing what you can see. At one done around 19 weeks (done to locate the best place to draw fluid for the amniocentesis) we could see him sucking his thumb, or at least trying to. We had one done very early to check for the possibility of twins, as Mona had gained quite a bit of weight very rapidly. It can also be used to determine the gestational age and to spot a variety of serious developement_al problems. Of course, a certain amount of care must be done in all this. Take the calculation of gestational age, for example. They measure the size of certain bones, and by means of a formula, arrive at a figure of how long the baby has been growing. This formula is derived from statistics of the size of thousands of babys, to give a notion of how fast babies grow in utero. But this sample of thousands surely includes a significant number of women --- who knows, perhaps half, who are not getting as much nourishment as they should have, and so their babies were growing a bit slower than they should. The sonogram may then show your baby with big bones because you've been good about drinking milk, but the formula will convert those large bones into the baby

being"older"than he really is. The result may be that near the end, the inaccurate sonogram date sez that you are overdue when you are in fact, not. And if you are significantly overdue, there will be various pressures on you to "do something". I'm not saying that this is a major problem, or that it arose in Mona's case. It probably isn't, and it didn't. My point is that you can't just trust blindly in technology, and we dont always have the right answers. I might add that for complicated reasons, Mona landed up having two of these evaluations made, and their answers were 1½ weeks apart. Also, while there are no known side effects from the use of sosngrams, it cannot be proven to be 100% safe. Thus, while there are good reasons to use it, and it may well promote "bonding" by the parents, it shouldn't be used just for a casual look-see.

Selecting a doctor can be very easy or very difficult depending on circumstances, but either way, its an important decision, because in many ways you will be very reliant on the advice and skills of the doctor. A view of the doctor as omniciant may be fine for peace-of-mind, I suppose. But Mona has worked closely with literally dozens of doctors, and as a direct result has learned that a really good doctor is, alas, the exception, not the norm, and the average person has far more confidence in their doctor than the doctor actually deserves. Her experience with male gynechologists over the years had been particularly poor. Here, however, she got lucky. Practically all the nurses that she knew at WHC all used this one doctor --- and all swore by her. This included some of her friends who were pretty particular characters. Better still, her partner was also a woman. Mona is very good at sizing up doctors real quickly, and she hit it off with both doctors and the nurse right from the start, and she retained complete confidence in all of them right thru till the end.

I was asked if I wanted to participate, by a number of people. The question had almost a ritual quality to it; I was expectedto to say yes, and I did. I did, however, have one qualm about this, and to a limited degree, I still do. This is going to strike many of you as being obscurely ideological, but its the way I feel.

We live in a society that, like many others, denegrates the competancy of women for an enormous variety of tasks. There have been major improvements in this over the last 20 years or so, and there has also been a backlash as well. Even within many of traditionally women's tasks, there are plenty of people who feel that men are better at them too, but their time is spent on more important things. So women should cook because men must be the breadwinner, but you'll notice, snicker-snicker, that the top chefs are all men, etc. But there are a few last bastions of women's competance, areas where there can be no challenge, no snide comments about how they just can't manage it at all. One of these is childbirth. Actually, even here, there are doctors who will urge the woman to simply present herself for general anesthesia and thus sleep thru the whole thing, leaving the actual birth to those who really know what they are doing, viz the doctor and the hospital staff. With the growth of natural childbirth (or, at the very least, a greater understanding of the risks of general anethesia), this practice has become much less common, but the natural childbirth movement has created a more subtle form of this sexist attitude. Someone, most preferably the husband, "must" be there. Well, yes, the baby will comeout if he's not there, but really, without him, the poor, incompetant mother is likely to make a mess of it. This person is usually referred to as the "coach". And we all know how <u>essential</u> a coach is, don't we? Sure, the team could take the field without a coach, and certainly go thru the motions, but no one would be surprised if a team without a coach were completely incompetant? What I object to here is the way the husband's role is portrayed in this, as a vital member of the team, without whom the laboring woman might not be able to cope. While this is undoubtably going to be true in some individual cases, I think the great emphasis on the role of the husband or "coach" carries some overtones of maternal-incompetance. The coach's role is portrayed as "crucial", which usually it is not, and if the husband is unwilling, the mother-to-be is beseeched to find a substitute. The hidden message seems to be that just you and the doctor/midwife isn't enuf. In reality, the"coach" is not more than, and can be less than, a useful assistant. He makes it <u>easier</u> for the woman, but some of the natural chilbirth literature elevates the "coach's" role to something far more essential,

and I think there are sexists overtones to that. I might add that I expressed these views to several people, who generally thought I was nuts.

At any rate, I was in fact quite eager to participate. We signed up for a series of childbirth preparation classes. There were 6 or 7 of these, with a teacher (who was herself pregnant) and 8 couples. We were a very homogenious group --- all of us had the same doctor, and all the women were going to be first time mothers. This course was very well taught. Some of it is an explanation of just what will go on, with an emphasis on the procedures used by that particular hospital and these doctors, you practice a variety of techniques for e.g. relaxation, and there is plenty of encouragement to ask questions. One of these questons turned out extremely well for me. Mona was due 5 weeks before DipCon XVI, and she was very uneasy about having me so far away even for a few days. I was unable to allay her fears. And then, lo and behold, someone else asked the same question --- hubby going out of town for a few days a month before. Not to worry. I would strongly recommned such classes regardless of what type of childbirth is planned, because some things are a lot clearer when explained in person, and if you are having problems, it helps to hear that others have them too --- and how they cope. My only regret was that she didn't run a few post-natal classes too for how to deal with the first few months.

Breathing techniques is another form of preparation for childbirth, and is a major part, for example, of the Lamaze preparation for childbirth. This may strike you as somewhat surprising, but the breathing centers have some unusual connections in the brain. For example, breathing is the only major bodily funtion which can be either totally automatic, or totally under voluntary control. Alas, this is no simple matter. There's the greeting breath, full chest breathing, the resting breath, upper chest breathing, and butterfly breathing. And thats just for first stage. For second stage, ther's two or three other types of breathing, plus one non-breathing technique. Not only that, but you use different techniques during different parts of the same contraction, and during different phases of labor. And of course, different schools of thought advocate different approaches. And the childbirth instructor regaled us with tales of laboring women who just had to invent brand new methods of breathing right on the spot. As you can tell from the tone of the above, we didn't land up with much confidence in that. While there are people who swear by these methods, more than one person said that when the first big contraction hits, your techniques tend to evaporate real quick. Another person said they were useful only for the enema...

Instead, we relied on hypnosis. I should step back a bit and explain what this is, since misconceptions are very common. Hypnosis is best viewed as an altered state of consciousness, something qualitatively different from the ordinary waking state. Other examples of such ASCs would be dreaming, psychosis, intense concentration (the kind where you lose your awareness of your surroundings), religious fervor, the high produced by psychedelics, the hypnogogic state (expereinced just before one has fallen asleep), transcendental meditation, and the like. Hypnosis is a somewhat vague term covering a variety of states. What they tend to have in common is that the subject is very suggestable. Once she was hypnotized, I could tell Mona that there was a breeze on her (when there wasn't), and she would feel a cool chill. She could make her hands feel warm, and then transfer than sensation to her abdomen.

As a practical matter, hypnosis was used as a tecnique for relaxing; the deeper the hypnotic state, the more relaxed she would be. It is also used as a way of distancing oneself from pain --- if you are told the pain is far away, it will feel more remote and less distracting. The doctor gave us a referral to a woman who did hypnosis as a sideline --- by profession she was an obstetrical nurse, so she was very familiar with the childbirth enviornment, and had even worked at the same hospital. She was very good at it, and Mona proved to be a good subject. Every few weeks, we'd have a session with her, with a gradual increase in the depth of thre trance. We practiced this a lot at home --- for both of us, its a skill that gets better with use. Mona especially had to learn how to come up quickly and go back down quickly. Altho there's not much you can do in practicing pain control beforehand, you can practice relaxing. Actually, we

got some real use out of it even then. During her last month, Mona had some trouble falling asleep, which is a very common problem in late pregnancy. On several ocassions I was just able to hypnotize her, and then send her off to sleep. I might add that you really cannot be hypnotized against your will, and even serious qualms will normally be enought to prevent it from working.

I should also mention books, as there are some that I can recommend. For a "first" book, Positively Pregnant (Madeleine Kenefick) is superb, not too detailed, with just the right tone, and extremely well written. For the solid, reference book, we used The Complete Book of Pregnanacy and Childbirth (Sheila Kitzinger), which is packed with useful information. There are some more specialized books too. Pregnancy: The Psychological Experience (Coleman) is a good treatment of a topic that doesn't get enuf attention, and features plenty of first hand accounts. The Father's Book covers just what you'd expect. I would not have thought you could devote an entire book to the subject, but there was a great deal of interest to me. These book s tend to be non-ideological and present a variety of viewpoints. If you are looking for something with a lot stonger editorial hand and a distinct philosophy, try Right From the Start (Brewer and Green, Rodale Press Emmaus, Pa). The slant here is the "natural" approach, with a very heavy stress on such things as breastfeeding, using the "family bed" (instead of a bassinet), avpiding high technology except where really necessary, and in general a strong push to taking your own responsibility for your health and the baby's. Anyhow, I tended to read these books (and some others) virtually cover to cover; Mona generally skimmed looking for material whe was unfamiliar with or that looked particularly interesting, but then again, she was far more familiar with all this than I was.

One decision you do need to make in advance is what sort of birthing enviornment you want. There has been a distinct trend recently toward home births. Mona would not have been comfortable doing that, as she is too acutely aware of what can go wrong, and besides, she had two risk factors (age, and first-birth) We did want to ge t the "birthing room" at the hospital. This provides a much more homey enviornment, and does not have that stark, technological feel that labor and delivery rooms normally have, plus some nice touches like a bigger bed and a mirror on the ceiling.

I suppose I should mention excersizes. You should certainly do these, plus something like swimming to keep up the ole' stamina. Mona did these for a few weeks, declaired herself bored, and that was that.

Mona's pregnancy began in July 1982, but was alas not to be. The day after I returned from DipCon XV, she began her miscarraige. This was a time of great sadness for both of us, coupled with a considerable feeling of frustration. We later learned that it is extremely common for a first pregnancy to end this way, and Mona was very pleased with the way the doctor handled it (didn't try to rush things with a D&C, just let nature take its course. Yes, I know, sounds obvious, but you'd be surprised.....)

However, I perservered with my manly duties, and that fall, she was pregnant again. Mona turned out to have a remarkably uneventful pregnancy. While there is an assortment of minor things which went wrong, it was nothing compared to some of her friends, who endured such horrors as daily vomiting for weeks on end, toxemia, pre-eclampsia and the like. The doctors were not too thrilled by her weight gain, and Mona did become a trife obsessed with luscious foods she couldn't eat, the attitudes toward weight gain are much more relaxed than they were a generation ago. Its now understood that too little weight gain is far more serious than too much, and women do vary widely in how much they need to gain. While I'm mentioning food (this isn't as well organized as it should be, folkes!) there are two myths that you should disabuse yourself of: The fetus will take whatever it needs from the mother (it can't take what the mother does not have. And with regard to calcium, the "reserves" are in the bones, and drawing from that will weaken them), and the placental barrier will screen out what is harmful (it does very little of that; most noxious substances will pass right thru). OK, end of sermon.

Mona continued to work at her job right up to the very end --- literally. This rather amazed some of her coworkers and her boss as well. She did this in part because

she was feeling so well, because she does like her job, and wanted her replacement to get as much orientation as possible, she'd be restless around the house, and besides, the money was nice. But all good things must come to an end. While she remained vastly entertained as the baby bounced around inside, he was soon ready for bigger moves....

I should give you a brief description of childbirth, since for many of you, its been quite some time since you were born, and some of the details might not be fresh in your mind. The birth of a baby takes place in two stages. In the first stage, the uterus, an enormous spiral bundle of muscles (indeed, its the largest muscle in the human body, and only women have them!) streches open the cervix. This is the opening of the womb thru which the baby will later pass. The uterus does this thru a series of contractions (several million of them it seems) in which the fibers at the top tighten, and thus press down on the center, which produces an upward and outward pull on the cervix. The baby is also pressed against the cervix (the head, ideally) which helps pull it apart, and of course produces excruciating pain. The more relaxed the woman's body is, the better the entire process works. The uterus is totally on automatic, and will continue with the contractions even if you are fast asleep. But if the rest of the body is relaxed there will be less resistance, allowing the energy of the uterus to be used in opening the cervix, and not fighting other muscles. Once this process is completed, the cervix will be open a full 10 cm, and the uterus and vagina become one big birth canal.

Second stage is delivery, or the Pushing stage. The uterine contractions now force the baby thru the birth canal, down and out, as it were. If the husband is there, and the marraige is one with typical roles, this provides a very startling case of role reversal. The woman is doing the hard, grinding work; the husband is in the backround, providing emotional support and encouragement. With each contraction, she bears down several times, and inexorably, the baby is forced out.

Saturday the 13th was a busy day; we had driven some distance to pick up some irises we had ordered from a grower during the spring, and there wereother errands. Mona took a long nap that afternoon, which turned out to be a very fortunate thing to do. That evening I labored over building a portable cradle. I know that doesn't sound impressive, but it was the most involved piece of woodworking I've ever done. It was getting quite late, and Mona urged me to let it go till Sunday, but no, I wanted to get it done. Mona had just gone to bed at 1:20 AM when her waters broke, and labor began immediately. This is a most unfortunate time to go into labor, because you are immediately deprived of a nights sleep. Contractions came at unpredictable intervals of 3 to 12 minutes apart, usually around 6 or 7 minutes, and I got no sleep either because I had to write down all those stupid numbers (the times). Around 9 AM, we called the doctor, told her what had happened, and were told to come to the hospital to have the cord checked.

We were lucky, the birthing room was available. Soon we were ensconced, and as the time progressed, labor became more and more active. To explain how the hypnosis actually worked, I must back up and explain the monitor. There were two sensors, attached to the abdomen by a large elastic band. The first, and more important, timed the fetal heartrate. If the baby is in serious distress, this will surely affect the heartrate. The second measured the intensity of the uterine contractions. These numbers were displayed on a screen which was easy for me to see. Early on, Mona was hypnotised, and spent pretty much the ehtire time in a trance of varying intensity. The monitor was so sensitive that it could pick up the oncoming contraction before Mona even knew that it was starting. This was important, because not only did Mona not have to communicate to me, but I had some advance warning, usually 2-6 seconds. This was all the time that I needed to bring her down quickly into a deeper trance. She would be told to dive under the contraction, and as the contraction got stronger, that was to be a signal for her to dive deeper. She would drift into the calm, cool waters, while the contractions, like waves on the surface far above, would seem far, far away. This was the distancing procedure. There was also a distraction method. I know that Mona is very good at visualizing things, looking at something in "the mind's eye". I took full advantage of this. I told her to look at the starfish, for example. I'd describe them, trying to get her attention engrossed onto them, rather than on those waves above. She'd like to see them even closer, right? Of course, that would entail swimming down deeper

to take a second look. All this was done is a calm and soothing voice. I told her to keep her breathing slow and deep thruout. By keeping an eye on the monitor, I could tell when the peak had passed, and I could ease off on the suggestions, and just keep' her calm. Of course, another contraction would come a few minutes later, and we can't look at starfish again, can we? So this time there would be beautiful coral, and the next time, schools of minnows, and the dolfins, zebrafish, guppies, neons, moray eels, crabs, garfish, bluefish, porpoises and the like all swam before her eyes, and there was an ocassional shipwreck to check out as well. I tried not to repeat myself too often, so sometimes there were combinations ---- stafish crawling over the coral, eels chasing the guppies, etc. I learned later that I almost put one of the nurses to sleep, and apparently, some people came in just to watch the strange goings on.

But it did work, there's no doubt about that. This is not to say that she was free of pain; only drugs can do that. But it took the edge off it, and made it bearable Mona never got the feeling of panic, that things were going out of control, that she couldn't stand it any more. Mona is quite sure, as am I, that without it, she would have had a much more difficult time. We also had a few other tricks at out disposal. People give you lots of advice on things to use --- rolling pins, tennis balls, etc, but the one item we found worked the best was an icepack (actually, one of those blue-gel packets to keep the picnic basket cool) which was of tremendous value.

By 5 PM, she was around 7 cm dilated, and into what is called "transition" This is the last part, and most difficult part, of first stage labor. Contractions came much more relentlessly, and many, if not most, had double or triple peaks. The contractions were generally stronger, and often arrived much quicker than they had earlier in the afternoon. Mona became restless and uncertain --- she'd be hot one moment, and have the chills seconds later, and generally was a lot more irritable. Apparently, some women seem to lose track of where they are, and women have been know to insist during this time that enuf is enuf, they are going home. During the last part of transition, I noticed a distinct drop in the efficiancy of the hypnosis. Its possible that I was getting tired, but more likely, Mona was having more and more trouble staying in a trance. This is a time for trying whatever you've got in your bag of tricks and gimmicks. We g got a variety of advice about bringing tennis balls, rolling pin, etc, but the most useful item was,far and away, the ice-pack --- one of those plastic jobs filled with blue gel that you use to keep the picnic box cool; It was used dozens of times. But it finally came to an end. By 7:30 PM, Mona was fully dilated. The hard part was over!

Or so we thought. It soon became clear that this would not be an ordinary delivery. Except for two brief moments, she had no"urge to push". This is unusual, but not unheard of. The contractions came, and Mona dutifly bore down and pushed several times with each contraction. A couple of hours went by, and nothing happened (on the average, delivery takes 45 minutes or less). As this wore on (its hard work), Mona got more and more tired, and still nothing was happening. She was given dextrose (sugar water) by i.v. and oxygen by mask to keep her energy up. Different positions were tried. She even tried not pushing for a few contractions. Initially, there was not much of a role for hypnosis in this, as you want to be active, not relaxed. But as the hours rolled on, she became more tired, andthe time between contractions started to stretch out. Simetimes I would use the hypnosis to get her into a light sleep, a nap between contractinns. I could keep an eye on the monitor, and wake her up before the next one hit. The doctors tried their tricks, for example, irritating the bowel (the urge to push is, not surprisingly, located near there), but they didn't work either. Mona grimly joked about spending the rest of her life walking around 10 cm dilated.

Finally, it was 1 AM. Mona had been in delivery 5½ hours, an incredible period of time --- it was one of the very longest the doctor had ever done. And still there were no signs of progress. The baby would be pushed down a little, and when the pushing was done, would slide back up. It was now24 hours since her waters had broken, and there is reason to be concerned if childbirth goes much longer than that. Mona then said she'd had enuf. There was no reason to think that another hour would be any more productive than the last 5. I'd estimate that at this point, she'd had over 200 pushes (hard, breath-hold pushes), with no visible result.

The next step was to see if a forceps delivery would be possible. Forceps look like salad tongs, and grasp the head, preferably getting as least as low as the jaw. The baby is then pulled down some, and an attempt is made to deliver the baby normally. Mona was then given an epidural injection, which numbs the body from the pelvis on down. I was not permitted to be there for that, which seems incredible because it only takes a few minutes, and is done in a hospital which allows the husband to be present for a Cesarean, which is a much more complex undertaking. Both Mona and I expressed our wish that I be there, but the doctor whose job this was just said no. I then asked him what the reason was, so at least I could know why. His answer, if you want to call it that, was that he didn't want the husband to be there. Doctors can be jerks just like everybody else, I'm afraid.

Once this was done, she (the doctor) was able to reach up the birth canal and tell exactly where the baby was. It was hopeless. All she could reach was just the crown of his head, and for a sucessful delivery, she'd want to be able to reach at least as far as the temples with her fingers. The baby was still very high up, and, for all practical purposes, had not come down at all during delivery.

The only alternative left is a Cesarean Section. For a woman who has gone to some effort to prepare for a natural childbirth, this can be a terrible disappointment. After all, if you are going to have a section, you don't even need to bother with labor. And there is sometimes the fear that this is being done unnecesarily. There is considerable evidence that, especially in North America, far more sections are done than are medically necessary. Some doctors just don't want to sit around waiting when a section can wrap up the matter very quickly. But we had no such apprehensions. We knew that her doctor would not do this unless there really were no other safe alternatives. And Mona had not been rushed, and did not feel rushed. As a result, feelings of resentment and possible mistrust were entirely absent.

I was permitted to be present for this, and indeed, the doctor wanted me there. The plan was that I would hypnotize her during the prepping procedure, and try to get her belly as numb as possible. This was not for the surgury itself, as the epidural would be there to cover that. But there is a substantial period of time afterwards when things must be stapled back together, etc, and the doctor wanted to avoid having to give any further anesthetic durign that time. This was a more ambitious goal than I had ever tried before, but its well within the range of a deep trace. As it turns out, no further drugs were needed, tho its always possible that this would also have been the case even without the hypnosis. I'd prefer to think, tho, that it made a difference...

The operation itself is amazingly quick. It takes maybe four or five minutes from start till when the baby is completely out. Because the baby is not squeezed as it would be in a vaginal birth, it can be very mucousy, and is suctioned even bfore it is fully out of the mother. I could watch the operation if I wanted to, and did take occasional quick looks (and 2 pictures), but there is a screen which prevents the mother from watching. Mona was able to feel pressure, but little else. Joshua was born wide awake, with his eyes open.

He was quickly washed and weighted and wrapped, and returned for the parents to gaze at. Then our paths separated. Mona would need at least 20 minutes for the post-op work, and the baby & I were off to the newborn nursary, where he would be reweighed, stabbed in the heel for blood, footprinted, etc. During this time we kept each other company, each of us, I'd like to think, utterly fascinated by the other. Finally, this was all done, and I was eager to take him back to Mona in the recovery room. Nothing doing, said the nurse. He stays here one hour, and it had been far less than that. But they told me that I could take him out as soon as I wanted, I protested (which was not entirely true, but there's a time for bendingthe truth). This got me nowhere, but just the the neonatologist ambled by and I appealed to him. He agreed that the baby would somehow survive the premature departure from the nursary, so off we went. Before too long it was just the three of us, a family at last.

Relax. Next month I go back to reprints. The zine will not be renamed Joshua Digest. I do plan another essay, this time on him, but not for at least two years. Perhaps for issue #100, which won't appear until late 1985 at the earliest. Mona and I would of course greatly appreciate any comments you might have on this essay, tho they probably won't be printed (or printed any time soon).

I've said this before, but its worth repeating. If you run into a problem in your postal game, try first to resolve it with your GM. The vast majority are very reasonable, and you will find in many cases that their ruling is common, even tho you personally wouldn't dream of doing things that way. Still, if you cannot get satisfaction, your next step is to go to an Ombudsman. Only such a person would be able to overrule the GM and thus change the course of the game. The only requirement for an ombudsman is that s/he be acceptable to both parties, and thus both parties would be bound to accept the decision. Be warned, however, that many GMs do not accept the notion of an Ombudsman, apparently thinking that a mistake in judgement on their part is just unthinkable. And others will agree to an Ombudsman only if there is a chance the player is right (a chance in their view), since such an intervention usually causes a delay of game. If, for whatever reason, you feel that the game has been rendered "irregular", and you would like it so designated (which makes it much less likely to be rated), then your should contact the Boardman Number Custodian, now in the capable hands of Kathy Byrne (I don't know if the Miller Number Custodian performs a similar function for variant games. If so, the MNC is Lee Kendter, Sr). The BNC is not capable of altering the way the game is run (for that, an Ombudsman), altho she may launch a detailed investigation in order to render a decision. Of course, you could in principle ask Kathy to be the Ombudsman and intervene, but then, she'd not be acting in her role as BNC.

With regard to Kathy Byrne, I would like to amplify remarks I made last issue. The actions which I had criticized her for doing in DD #72 were all actions that she had done as editor of"Kathy's Korner". It was not my intention that these remarks be "linked to her coincidentally being BNC." (to quote Rod Walker) Apparently, some people, reasonable people I might add, feel that my complaints were so linked. I pride myself on (usually) being a rather precise writer, but apparently I was not in this case or no one would have gotten such a reading of what I wrote. I regret this failure to express my intentions clearly. In the very unlikely event that I wanted to get any of my games called irregular, I would have complete confidence that she would respect the confidentiality of what I wrote, and so should you. Similarly, if A dispute arose with a GM, and the GM wanted to use Kathy as an Ombudsman (and she agreed), I would again have confidence that any confidentiality required by such circumstances would be respected.

Since there's not much Diplomacy in this issue, I might as well finish off this page with another unrelated item. The U.S. Patent and Trademark Office, where I work, is presently hiring patent examiners for 1983 and 1984. We are looking for people with backrounds in engineering, chemistry, biochemistry, and possibly even physics and biology. We hire people with expeience in their fields, or fresh out of college if their grades are good enough. This is a desk-type job, not a lab or field kind of work. You do not need any law backround; that we teach you on the job. There is a fair amount of it, so you have to be able to atleast tolerate it. The prime requirement for the job is that you be able to express yourself clearly in writing. You must also be comfortable with technical literature, and be able to evaluate it and extract and organize key facts from it. Starting salary is (and this is increasingly true in the federal gov't) not competitive with the proverbial real world, altho if you can make your quota year after year the promotions do come rapidly so you do catch up. Gov't fringes are sometimes better (leave policy, job security), and someties worse (medical benefits) than the typical large employer. In addition to Social Security, there is a generous but very expensive pension plan. If interested, write the PTO, 2001 Jeff Davis Hwy, Arlington VA.

THE ZINE COLUMN #67

Several years back, Randolph Smyth wrote a curious article on the case for the Austrian Navy. Its was advice widely and understandibly ignored --- Until now. Bob Olsen in 82IK ("PudgeCon Invitational") has 4 fleets for Austria as of the end of 1904 --- and 10 centers, as Turkey and Italy are engulfed. Bob will doubtless claim that he never saw the article.

Ron Brown has announced that he is restructuring Murdrin' Ministers. The issues with games will contain nothing else -- strictly warehouse. In addition, he'll put out 2-6 issues per year with no game in them. #61 has an interesting collection of graceful admissions of mistakes of various sorts.

I mentioned Russell Sipe lastish for those interested in electronic mail Diplomacy. His full (computer) address is TCL920 on The Source, or 72435,1434 on Compuserve (or PO Box 4566 Anaheim CA 92803) and runs the electronic mail games in his zine The Armchair Diplomat. He also publishes what appears to be a pro-zine, called Computer Gaming World. As best I can tell, someone has discovered that computers themselves enjoy playing games, and thus there is a zine to service that market. Strange.

And speaking of strange, fans of oddball GMing practices will want to check out the following, which occurred in 1982EM in Last Stand (GM, Pete Northcott)

Austria: A Bul S Rus A Sev-Con
Russia : A Sev-Con, F Bla C A Sev-Con
Turkey : F Con S F Ank-Bla, F Ank-Bla

Beleive it or not, the GM ruled that this was a "convoy paradox" and said that all units stand! He then reversed himself, and said that Rus F Bla was dislodged, and then reversed himself again, and said all units stand. No, I am not making this up. He was well aware of Rule XII, 5, which states, "If a convoyed army attacks a fleet which is supporting a fleet which is attacking one of the convoying fleets, that support is not cut." But he said that the fact that the example given didn't have a support was "crucial". However, the rule neither states nor implies that there is any relevance to how many supports, if any, there are --- and it would have been easy to say something like "unless the attack is supported" or some such. But as the rule is written, the support is "not cut", which means that the convoy is disrupted, and once that happens, the army's move order is canceled, and the number of supports becomes completely irrelvant. There isn't really an Ombudsman system/mentality in England like there is here (tho I doubt any North American GM would adjudicate it exactly the way Pete did), and Pete was not inclined to listen to an older hand (Richard Hucknall)

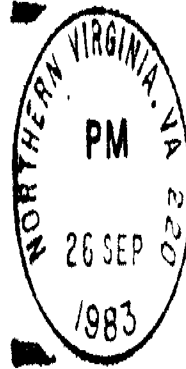
OK, time for a few fast takes....Scott Hanson and Frauke Petersen were recently married, with the U.S. Immigration and Naturalization Service holding the shotgun...the newest East Coast Fad seems to be reader polls, with Give Me a Weapon, Whitestonia, and Voice of Doom all running them...Woody, who is Italy in a new postal game, is going all the way to Belgium to cement an alliance with the Austrian player, Christian Rode...John Michalski has found work at last, working for a tax agency which returns $$$ to people... and finally, it should really brighten Ron Brown's day to hear that François Cuerrier plans to resume publication of Passchendaele early this fall.

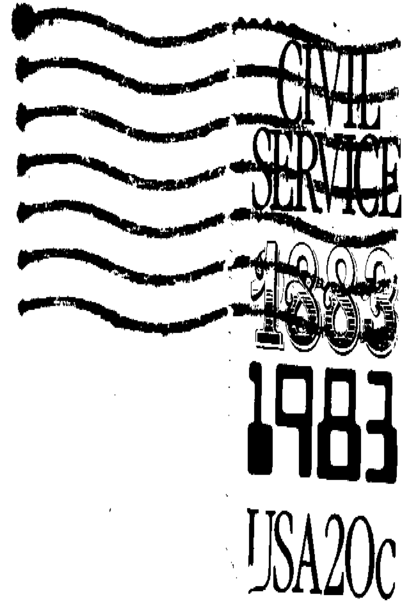
I've gotten a number of subbers recently who appear to be new to the hobby, altho not necessarily new to Diplomacy. So I thought I'd run a short New Blood listing so that other pubbers might want to thempt these people with their wares....

Gregg Shores 285 Grizzly Peak Blvd Kensington CA 94708
Roy Matheson Box 24 Beyers Colo 80103
Russell Snipe P.O. Box 4566 Anaheim CA 92803
Kenneth Peel 1523 N. Fairfax Dr #204 Arlington VA 22209
Lynn Torkelson 992 Rosedale Rd NE Atlanta GA 30306
Thomas Coveny 4511 W. 126th St Hawthorne CA 90250
Richard Gordon 590 - 8th Ave #11 San Francisco CA 94118
Timothy Allen 29 Stockbridge Ave Lowell MA 01854

Mark L. Berch
492 Naylor Pl.,
Alexandria, Va 22304

There was no August 1983 issue of DD, the first missed one in over six years.





Larry Peery (96)
Box 8416
San Diego CA92102