D- BIRTH & BIRTHGIVING

Tarefa:
1. Tendo em mente *Teoria da diversidade e universalidade dos cuidados culturais* (M. Leininger, 1991), **identifique no caso os factores culturais** que contribuem para o estado de saúde e para a oferta de cuidados de saúde.
2. Compare com a realidade portuguesa: quais as semelhanças e diferenças que encontra?
3. Que outra informação seria relevante para perceber as necessidades destes clientes e os cuidados a prestar?

Claire is 39 years old. She is married, with two children, ages 11 and 9. After having received her diploma as a basic school teacher she continued to work, beside marriage, two pregnancies and bringing up the children. Over the years she has worked herself up as a director of a basic school. Her husband Henk is a teacher in a middle school. Henk plays an indispensable role in all this, sharing with her the burden of raising a family in combination with two busy jobs.
Last August Claire gave birth to a lovely eight-pound daughter, Lotte.

Ann is a nurse in parents-and-child-care, that is a differentiation in Dutch homecare. Ann comes on a regular postnatal home visit at Claire's about three weeks after the birth of Lotte. About ten days after the confinement they have met each other already. At that time Ann came for a home visit to draw off the PKU innoculation of Lotte. They have made an appointment then for a follow-up visit. Now, with the first cup of coffee, Ann askes Claire how she has experienced the pregnancy and birth of Lotte.

Claire: "That is a long story. About a year ago my husband and I started discussing about which one of us should be sterilized. We thought our family large enough. I did not like to use the pill any longer. Sometimes I forgot to take it, which resulted in some in-between bleeding. At the other hand I felt sterilisation was too definitive a step for me. Then, I was shocked to find that I was no longer menstruating. I called our family doctor and told him my problem. He calmed me down, suggesting that perhaps I would be in the climacteric period, but I could not believe that. I bought a home pregnancy tester, and my suspicion was confirmed. I was pregnant! This meant a radical turn in our discussion. We talked about whether to abort or to let the child come. On one hand I weighed up the thought if we were not too old for a third child. 'Must we start all over again? Why not an abortion?' On the other hand, we both are fond of children and, 'where there are two healthy children, why not a third one?' At night I could not sleep worrying. Finally my husband grasped the nettle saying: 'Since you cannot sleep as it stands now, how will it be if you go ahead with an abortion? Besides, you are not standing alone with this problem; I am also in the picture'. We then decided not to abort.

I was about two months pregnant when I met, by coincidence, the gynaecologist who had assisted at the birth of my two children. I told him I was pregnant and was planning to visit him for a checkup. He congratulated me. And then, in saying good-bye: 'So I shall see you soon for an amino test?' he said. I was very amazed and asked: 'Why?' He explained to me that I, in my age group, might seriously risk to give birth to a handicapped child. I asked if these tests are compulsary. 'No', he replied, 'but in your age group it is wise to have them done.' I went home and told Henk what the gynaecologist had said. After endless discussions and sleepless nights with questions like: 'What if this baby is handicapped?' I decided to call the hospital for further advice. The nurse gave detailed explanation and patiently answered all my questions. Finally I asked: 'Do I have the obligation to have an abortion if it is discovered that I am carrying a handicapped child?' Then I was told that it is the hospital staff's view that, in case the infant is found to be handicapped, the person who has asked for the tests as a rule opts for an abortion. The argument was that these tests and controls are very expensive.

During this period it occurred to me that in almost every talk program on radio or TV this ethical problem was being discussed. I heard stories of women who had decided, on the basis of prenatal tests, to abort. Then afterwards the aborted foetus was found to be normal. Or about a prenatal diagnosis indicating that the child would be handicapped. The parents decided not to abort and a healthy baby came into the world. Other stories went about testing results pointing to a healthy child; unfortunately a handicapped child was born that died soon after birth. Finally we decided not to undergo the tests and to accept the risk of a handicapped child.

The period of pregnancy went prosperously. In my immediate surroundings some people expressed positive and others negative feelings. There were those who thought we were too old to have another child and others who had enthusiastic reactions and expressed complete empathy with our decision."

Ann interrupts Claire asking her if she had also been in touch with the home care service during this period.
"Yes". Claire tells that after the third month of pregnancy she had contacted the home care service. "I was amazed to learn that the district nurse does not conduct home visits any more by the seventh month of pregnancy. At the time of my two former pregnancies the home care nurse made visits throughout the whole pregnancy period. The maternity nurse said this was a consequence of reorganization in home care service, whereby maternity care now forms a part of the home care service. Moreover, visits by the district nurse and the maternity nurse seemed to overlap. From practical experience, it appears that many women continue working until the time of their pregnancy leave and that they were often not at home for a visit. But I was free to telephone in case I wanted a visit of the maternity nurse. Which I did not feel necessary. This is my third child and I have sufficient experience from previous pregnancies."
Ann: "How did the other children experience the pregnancy?"
Claire: "To the oldest one the news gave some difficulty. This child is reacting that way most of the time when changes are to be faced. The second immediately was frantic with joy. I always took them with me, when circumstances permitted, to the pregnancy control appointments. This was very important, especially for the oldest, in order to become accustomed to the new situation step by step."

Ann: "Did you also do pregnancy gymnastics?"
Claire: "Of course. When I was in my fifth month we went to pregnancy gymnastics. It was yoga gynmastics, something which was not yet in the picture at the time that I carried our other two children. We went the two of us, my husband and I, and we both found it very meaningful."

Ann: "Did you have maternity care at home?"
Claire: "During eight days we had maternity care at home given by the district maternity nurse. The 24 hours delivery took place in the hospital. I calculated I would give birth during the summer school vacation period. During that time my husband would also have his summer school holidays. During my confinement he together with my sister-in-law took care of the housekeeping. thus we managed to meet the budget of the care insurance for the in-house confinement costs. Given the fact that I had to give birth on medical indication, under the supervision of a gynaecologist, the costs fell under our normal insurance package. In view of our combined income, we fell under 'private

insurance' regime. Postnatal control was carried out by the midwife. It was a nice confinement period. The other two children are enthusiastic about their new little sister. And Henk is the proudest father I have ever seen."

Ann: "How do you look at the period following the pregnancy leave?"
Claire: "14 weeks after pregnancy leave I will return to work. I will work on part time basis, because I take advantage of my 'parenthood leave'. My husband will pick up the children and take care for them after school. During the hours that we both are working, Lotte will be in the children's day care centre."

Ann inquires after Lotte's eating and sleeping behavior. There are no problems. So they make an appointment for a follow-up visit at the health care centre. Four weeks later Claire takes Lotte to the health care centre, where the baby will be weighed and measured and examined by a pediatrician. She appears to not have grown very well on breastfeed. Claire says breastfeeding is very important to her, she is on principle in favour of breastfeeding. She is still very tired after the birth-giving and Lotte asks two times a night for food. She receives food advise from a nurse. Lotte gets a body research bij a pediatrian in the health care centre.
Periodically Claire visits the health care centre with Lotte for checkup. Here the first DKTP innoculation is administered by a pediatrician. The following two innoculations will be given by a nurse. After seven months the frequency health care centre visits is reduced. Little by little Lotte learns to eat regular foods. At 14 months, in the eyes of the health care doctor, Lotte is not a baby any more. The nurse tells Claire that she will automatically receive notification from the 'Tiny Tot' bureau.

Since a few months Lotte is crying every night and falls asleep only when lying between her parents. Henk and Claire don't have any problems with that. It is their opinion that little children have to feel safe. The nurse does not agree. She states that children can become spoiled this way. She invites the two parents to an evening discussion on 'sleeping disorders'. This is an information evening, presented by a specially trained parents-child-care nurse. The exchange of experiences by the parents present turns out to be challenging and informative.