

VAN DIE REDAKSIE

EDITORIAL

Bevallings

Wie neem bevallings waar? Dit is gelukkig deesdae die enigste vraag wat van belang is, want wáár die bevallings gedoen word, is reeds lank nie meer 'n strydpunt nie. Met enkele uitsonderings stem almal nou saam dat, indien beskikbaar, 'n kraaminrigting die enigste aangewese plek is waar 'n nuwe baba die lig behoort te sien. Maar oor die wié kan ons nog praat.

Daar is net drie moontlikhede, die vroedvrou, die huisarts of 'n spesialis verloskundige. Groten-deels is die vroedvrou besig om van die toneel te verdwyn, en verpleegsters wat net verloskundige opleiding sonder algemene verpleging het, is lank reeds 'n rariteit. Vandag is dit slegs nog in afgeleë dele van ons land, waar geen mediese hulp beskikbaar is nie, dat bevallings gereeld deur sulke vroedvroue waargeneem word. Die leeu-aandeel in die verloskundige werk in Suid-Afrika rus op die skouers van die medici en in dié opsig is dit belangrik om van tyd tot tyd stil te staan en onself af te vra: wie moet die roetine-bevallings doen, huisartse of spesialiste?

Ons morbiditeit- en mortaliteitstatistieke ten spyte, is dit tog waar dat die oorgrote meerderheid van babas die wêreld inkom sonder veel probleme of skade, met of sonder deskundige hulp. Maar dit is egter ewe waar dat die kundigheid wat ons deur die jare op die gebied van verloskunde ontwikkel het, daartoe bygedra het om kindergeboorte 'n besonder veilige gebeurtenis te maak vir sowel die baba as die moeder. 'n Sesling soos pas in Kaapstad gebore is, sou 'n skrale twee dekades gelede nog bykans onoorkoomlike probleme geskep het, terwyl hulle vandag met vertroue versorg kon word.

Hoeveel van hierdie nuwe kennis besit die huisarts en tot hoeveel is hy in staat? Selfs die beste en

mees ervare huisarts wat 'n kwarteeu gelede gekwalifiseer het en daarna nie pertinent sorg gedra het dat sy kennis bybly nie, sal hom deesdae vreemd voel wanneer die verpleegsters en sy kollegas van Appar-tellings, nuwe ressusitasiemiddels en biochemiese toetse begin praat. Die dae van 'n paar asemtrekke laggas vir die moeder en plak op die baba se sitvlak met die plathand as hy nie dadelik wil begin skreeu nie, is permanent verby. Die pasiënte het die reg om groter deskundige vaardigheid as dit van hul geneesheer te verwag. Maar dit beteken nie dat sulke kennis nie heeltemal binne die bereik van die huisarts is nie—hy moet net sorg dra dat hy dit wel êrens bekom.

Gedurende die 49ste Algemene Mediese Kongres in Kaapstad het ons bespreking bygewoon oor die wenslikheid of noodsaaklikheid om altyd 'n kindergeneeskundige by 'n bevalling teenwoordig te hê. Ons wil hoegenaamd nie hier oor sulke vroe uit-spraak lewer nie. Wat egter insiggewend is, is die feit dat die moontlikheid wel oorweeg word, 'n korte 15 of 20 jaar nadat ons nog kraamverpleegsters sonder algemene opleiding in ons opleidingsentrums verwelkom het.

Dit is nou noodsaaklik dat iedere praktisyn, huisarts of verloskundige die saak goed oordink en 'n eie beleid vir die hantering van bevallings neerlê. Die huisarts kan deskundige hulp voor, gedurende of na die bevalling aanvra, en die spesialis kan besluit om of geen normale bevallings te doen nie, of eerder daarna te streef om alle kraamgevallen onder sy vlerk te hou. Niemand se besluit sal die regte of die verkeerde een wees nie. Daar moet net 'n besluit wees waarvolgens opgetree kan word, sodat die pasiënt verseker kan wees dat alle vooruitgang op die gebied van die verloskunde vir haar toeganklik is.

Baffled Women

As every medical student knows, the intricacies of the female physiology cannot be mastered overnight, and many students and doctors alike have voiced misgivings about the wisdom of Mother Nature who saw fit to equip woman with a reproductive system that resembles a Heath Robinson invention. A host of hormones vie for pride of place in the race towards mucosal breakdown that results monthly in a socially awkward phenomenon, and in addition the entire female body is involved in a cyclic process of apparently unrivalled complexity. If medical students find it frustrating to sort out the jumble, how can those ordinary mortals, our patients, hope to understand the working of the female system?

Doctors tend to either forget or negate the ignorance of the average patient, man or woman, about the details of reproduction, menstruation and related physiological or anatomical facts. Perusal of questions received by magazine editors who run regular advice columns for their readers proves the abysmal ignorance of a large number of people of presumably average intelligence. Small wonder that a gynaecological complaint is usually accompanied by so much emotional stress, for, in addition to the hormonal effects, which in themselves tend to touch the psyche, there is the almost total ignorance, or at least misunderstanding, of what really goes on below the surface where pain is mysteriously engendered and blood and other discharges appear, seemingly in unlimited amounts.

We must not assume that because physiology is taught at school, the young people of today will

have a better understanding of their own reproductive systems. Shyness about discussing intimate aspects of personal hygiene, sex and related subjects, even among the *avant-garde* youth of our time, especially in co-educational schools, prevents questions being asked in classrooms when certain points are obscure. This results in a muddle-through attitude, which often leads from blatant ignorance at the start to a totally warped impression that is carried through into adulthood. Not that questioning will always have the desired effect, for only too often the young teacher, male or female, is almost equally uninformed.

When a patient with a gynaecological problem consults her doctor, it is best to assume that her understanding of her own physiology is shaky, and to explain all that is necessary in the simplest terms and over-elaborately, rather than to credit her with knowledge that does not exist, which will possibly lead to misunderstanding, with resultant mental tension. If a man asks for advice or information about his own sexual apparatus, the same lack of clear understanding can be assumed, but if he asks about his wife, total, abysmal ignorance must be expected. And such ignorance is by no means confined to the lower social strata or the older, more Victorian generation. We were recently asked by a young married man in the diplomatic service how it was possible that the navel could dilate sufficiently during the birth process to allow the baby to pass through on its way from the mysterious interior of the mother's abdomen to the outside world!
