ASPECTS OF OBSTETRICS TODAY

Aspects of obstetrics today

Dedicated to Professor L. A. M. Stolte

EDITORS

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Foreword

A. E. Hellegers

A 'Festschrift' is a peculiarly European phenomenon. This is not to say they are confined to Europe. The transatlantic export of the Austro-German medical tradition in the late 19th century has established the word in the academic language of American medicine.

The Dutch 'gedenkboek' is a less fortunate word since it implies the death of the one of whom it treats – most inappropriate in this case. The word seems more akin to the English 'memorial', and hardly compatible with the concept of a 'Fest'.

The words 'Liber amicorum' seem a suitable Dutch–Latin compromise for a volume dedicated, while alive, to Professor Dr. Lodewijk A. M. Stolte, better known as Lou Stolte to those who worked with him or under him, or who argued with him endlessly into the night.

Those who have a 'Festschrift' published in their name have had that honor for several reasons. One thinks of great German gynecological surgeons who have had enormous series of patients in whom all their reproductive organs – plus some others – were removed in a briefer operating time than that of any of their colleagues. They were master surgeons. This is not Lou Stolte. Then, there are in our speciality those who, by dint of sheer concentration on a single basic science aspect of our speciality like pathology, or steroid chemistry, develop fame as contributors to our greater understanding of a particular aspect of our work. Yet this is also not quite Lou Stolte.

Why then this book with contributions from so many countries, by individuals with so many diverse interests in our speciality? I think I know – at least I know why I am delighted to partake in it.

It seems to me that all of us have had to make choices in life. First, it was whether to enter medicine or not. For some of us, this was a crucial choice between science and the humanities. Having chosen medicine, we next had to choose a speciality. In choosing obstetrics and gynecology, it not infrequently represented an inability to choose between surgery and internal medicine. Once that choice was made, one often had to choose between woman-oriented medicine as in gynecological surgery or endocrinology, and fetus-oriented medicine as in obstetrics, perinatology, or the sociology and epidemiology of infant welfare.

It is, I think, one of my envies of Lou Stolte that he managed to combine as many of these life styles and interests as it is possible to combine in one person in the modern era. Endocrinology, obstetrics, fetal physiology, social issues, epidemiology, and even historical, philosophical, and theological aspects of our speciality have been the objects of his thought. Nowhere is this better illustrated than in his bibliography and in the thesis subjects of his house staff and research colleagues. Perish the thought that any young man within his orbit of influence would not produce a thesis! Massive review of the literature, specific data gathering, rigid statistical analysis, at least one new conclusion, and then a wide speculative sweep on what further implications might be contained in the data, was the standard product of his pupils. I shall not go too deeply into the rigors, physical and mental, of having to have a thesis mentored by Lou Stolte. I never went through the exercise myself, but I have heard enough about it from a succession of his students. And having personally gone through the joint publication of some simple papers with him, I fully know what they must have gone through! An invitation to talk over the data was as likely at 10 p.m. as 10 a.m. If at 3 a.m. one felt slightly groggy and was ready to call it a day (or a night), a slightly derisive Stolte-smile implied that one might not be able to take it. He might not even yet have started on a couple of political or philosophical issues which he was ready to engage in.

Now all this occurred in a country of great medical traditions but of small size, The Netherlands. The reason is clear enough. Voracious and critical reader that he is in French, German, or English, Lou Stolte knew what was going on everywhere. He did not just read articles and remember them. He was inevitably convinced he could do better. Many think the same thing, but few proceed to test it out in the lab and this he did – and does.

I think this book stems from the fact that through the years so many have come to know that there is in Holland a hypercritical man who questions everything and everyone. If initially disconcerted by this critique, the accumulating years led one to see Stolte at 45, then 50, 55, 60, and now 65 still questioning, requestioning, thinking and trying out new theories, new techniques, never discouraged. Then progressively one's uneasiness changes into becoming a fellow discusser, a fellow arguer, an occasional fellow fighter, a progressively greater admirer of a man who never burnt out. Once, at the age of 60, he expressed a doubt to me that he could still contribute at 70. Most of us worry about this by the age of 40! I think this book stems from the fact that all of us who have explored a certain area of our speciality are aware that at some time or other Lou Stolte was there, and asking key questions. And that he will ask them still.

I doubt there is any explanation for all this except for sheer intelligence and curiosity, and an abiding love for testing how far the human mind can go. Unless, of course, it is a wife of equal tough-mindedness who backed him to the hilt, from A to Z. I, who have been exhausted by his mind in a few hours per day, can only wonder at a woman who managed to maintain her sanity at this pace, year in, year out, raising their 12 children in the process.

This book is surely as much a 'Liber admiratorum' as a 'Liber amicorum'.

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Towards new concepts in the organization of obstetrical care services in The Netherlands

J. Janssens, J. T. Braaksma, J. de Graaff and J. Bout

Inferior obstetrical care, in the broadest context, can lead to 'a continuum of reproductive casuality' (Pasamanick and Lilienfeld, 1955, 1956). The most dramatic event occurring during obstetrical care is fetal death; the least dramatic are behavioral disorders caused by prenatal, natal or postnatal disturbances. This continuous spectrum from death through varying degrees of disability has been compared with an iceberg; only a small part is visible and corresponds with a sharply defined perinatal mortality, the greater part of the iceberg is invisible and symbolizes the perinatal morbidity which is difficult to determine.

The etiology and the pathogenesis of this congenital morbidity is difficult to determine because investigations of this congenital morbidity and its obstetrical causes show many methodological deficiencies. These shortcomings consist in the first place in a lack of either standardized obstetrical definitions or standardized obstetrical examination procedures. The following prerequisites are necessary for accurate evaluation of the significance of obstetrical data in congenital morbidity:

- accurate use of obstetrical definitions,
- standardized examination procedures,
- collection of as much relevant data as posible concerning mother and fetus before, during, and after birth,
- follow up of the children until school age, as advised by Prechtl.

These kinds of studies require:

- an accurately defined, long-term project of scientific research,
- multidisciplinary cooperation,

– well-equipped facilities for registration, documentation and processing of all the obstetrical data.

For this program, a highly qualified team of researchers, as well as money and equipment are needed, and last but not least, a great deal of patience. During each congress on perinatal medicine, the need for such a project of scientific research is stressed particularly, because this type of investigation could lead to a better starting point for further development of obstetrical science, and better an organization of obstetrical care services – far better than the mere recognition of level and trend of statistical obstetrical data such as perinatal and maternal mortality. We are happy that the 'Preventiefonds' (Prevention Fund) and the 'Ministerie van Volksgezondheid' (Ministry of Health) recognized the importance of such a project of scientific research and subsidized this program, of which Professor L. A. M. Stolte is project leader.

Because relevant statistical obstetrical data concerning perinatal morbidity have not been available, provisions for an optimal obstetrical organization until now have been based on data of perinatal and maternal mortality. At the same time sociological, psychological and economical factors related to the woman and her family have to be taken into account. Finally, each approach in the development of organization of obstetrical care services has to be made in relation to its consequences in the medical care in general and to those professions previously providing obstetrical care services. The importance of historical structures is often greater than we imagine, and their significance is often only demonstrated when rational decisions are made to change organizational structures.

The form of organization of obstetrical care services in The Netherlands originates from the, even in this country, debatable axiom that a normal delivery can safely take place at home.

This statement has been defended here because of

1. Low national perinatal mortality figures in general, and in particular, very low perinatal mortality figures in home deliveries. These home deliveries were selected on grounds of:

– preference of the woman and of her family,

– anticipation by the midwife or the family doctor of a normally and physiologically developing pregnancy, and a normal delivery,

– availability of special provisions such as adequate housing, social securities and the availability of an obstetrical nurse or obstetrical home help.

2. Sociological and psychological advantages of the home delivery: a home delivery emphasizes the physiological aspects of the normal delivery; with this approach of natural pregnancy and natural child birth, interference with oxytocics, analgetics, sedatives and anesthetics occurs less frequently, and fear and tension will not result in dystocia. The preservation and support of home deliveries have a favorable influence on the attitude of the Dutch people in relation to their procreation and on the attitude of obstetricians. They will less frequently interfere with the natural development of a delivery, and will be less inclined