

BOOK REVIEWS

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Anesthesia and the Patient with Co-Existing Heart Disease. Edited by Joseph I. Simpson, M.D., New York, Little, Brown and Company, 1993. Pages: 491. Price: \$85.00.

As the population ages, an increasing percentage of patients presenting for surgery are at risk for having both ischemic and nonischemic heart disease. Although a great deal of attention has been directed to the patient undergoing cardiac surgery, including the publication of several textbooks, the vast majority of patients with coexisting heart disease undergo noncardiac surgery. To fill this gap, Simpson, with the help of colleagues from his own and other medical institutions in the metropolitan New York area, has published a book devoted to the patient with coexisting heart disease undergoing noncardiac surgery.

Simpson approaches the subject from the perspective of the pathophysiology of the underlying disease and the implications for anesthetic practice. In the Preface, he states that he did not want to write a manual. The result of this approach is that there are very few specific recommendations; individuals who like tables with anesthetic recommendations or practice algorithms may not wish to purchase this book.

The book is divided into three sections. The first section is introductory. Chapter 1 was written by cardiologists and describes coronary anatomy and physiology. Two chapters on pharmacology follow. Although well written, most of this information can be found in any standard text.

The next section deals with the adult patient. The chapter on monitors contain good diagrams and examples of echocardiograms. This chapter could have benefitted from greater elaboration on the limitations of the monitor for the diagnosis of myocardial ischemia. The chapter on ischemic heart disease begins with a brief discussion of preoperative evaluation, followed by presentation of strategies for intraoperative management. Considering the importance of these topics, greater detail on both subjects is justified. The several chapters on valvular heart disease cover the topics well, and include preoperative evaluation and choice of anesthetic. The chapter on cardiomyopathy covers the various ischemic and nonischemic entities but only briefly describes the important topic of management of the failing heart. For example, the use of an intraaortic balloon pump is mentioned only once in passing in the entire book, and it is not indexed. Because several authors have suggested the use of this device for the unstable and highest-risk patient, a description of the mechanism of action would be useful. A chapter on the patient with thoracic aortic disease describes the anesthetic management of the patient undergoing thoracic aneurysm repair and has only a brief section on the patient undergoing nonthoracic surgery. Although this is an important topic in both vascular and cardiac surgery, it is unclear how this chapter fits into the context of the book. The rest of the section contains chapters dealing with specific disease entities and patient groups. The best chapter in the book is on the patient with a systemic disease affecting the heart. Diseases that are discussed include hypertension, diabetes, acquired immunodeficiency syndrome, and rheumatoid arthritis. This chapter has excellent discussions of preoperative evaluation and anesthetic implications. The tables are excellent, and the chapter would serve as a reference source.

The final three chapters in the book are devoted to the pediatric patient. A description of fetal circulation is followed by one chapter each on cyanotic and noncyanotic heart disease. The pictures and diagrams in this section are excellent.

Overall, the editor and authors have made an admirable attempt at addressing a large and complex issue. Whether this book satisfies the needs of the clinician depends on what those needs are. Most of the topics in this book are well covered in many of the larger textbooks on cardiac anesthesia. However, many anesthesiologists do not care for patients undergoing cardiac procedures but frequently care for individuals with cardiac disease. It is for this group of anesthesiologists that *Anesthesia and the Patient with Co-Existing Heart Disease* was written, and it is they who might benefit.

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The Birth Partner: Everything You Need to Know to Help a Woman Through Childbirth. By Penny Simkin. Boston, Harvard Common Press, 1989. Pages: 241. Price: \$11.95.

The Birth Partner's Handbook: How to Help a Woman Through Childbirth. By Carla Jones and Jan Jones. New York, Meadowbrook Press, 1989. Pages: 128. Price: \$8.00.

Mothering the Mother: How a Doula Can Help You Have a Shorter, Easier, and Healthier Birth. By Marshall H. Klaus, John H. Kennell, and Phyllis H. Klaus; photographs by Suzanne Arms. New York, Addison-Wesley, 1993. Pages: 168. Price: \$17.25.

From Start to Finish . . . A Practical Guide for Your Labor Support Business. By Barbara Ross Ellis. Seattle, Pen-nypress, 1992. Pages: 41. Price: \$6.70.

Special Women: The Role of the Professional Labor Assistant. By Paulina Perez and Cheryl Snedeker. Seattle, Pen-nypress, 1990. Pages: 157. Price: \$11.95.

Although natural childbirth has now been practiced for several decades, written details of its methods have been scant. Most people trace the beginning of the movement to the book *Childbirth without Fear*,¹ first published in 1944. Dick-Read, the author, believed that abnormal fear of labor caused the uterus to contract to the point of ischemia, and that this was the primary cause of labor pain. He argued that if women only understood labor, they would lose their fear and thereby lessen their pain. The breathing methods of Fernand Lamaze, a French obstetrician, later became an important part of natural childbirth. Besides teaching women how to manage pain, Lamaze outlined specific functions and responsibilities for their mates. Ironically, the method was popularized not by Lamaze but by one of his patients, in a book entitled *Thank You, Dr. Lamaze*.² After this, several groups formed to promote childbirth education, among them the International Childbirth Education Association, the National Association of Childbirth Assistants, and the International Association of Parents and Professionals for Safe Alternatives in Childbirth.

All of the books reviewed here come from the tradition that began with Dick-Read and Lamaze. Specifically, they deal with the role of

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a supportive person. Originally, this meant someone working with the woman out of loyalty or friendship: the husband, a close relative, or a friend. More recently, this legacy is reflected in the phrase "birth partner," which is used in the title of two of the books, *The Birth Partner* and *The Birth Partner's Handbook*.

Three books, *Mothering the Mother*, *From Start to Finish*, and *Special Women*, deal with a new group of paraprofessionals, "doulas" (derived from a Greek word meaning "service of"), "monitrices" (derived from the French word meaning "to watch over"), and "professional labor assistants." These terms refer to individuals hired by the woman or her family to provide physical and emotional support during pregnancy, labor, and puerperium. Although the doula and monitrice may have training and experience as a nurse, midwife, or childbirth educator, they need not. They are expected, however, to have enough knowledge of the birth process and hospital routines to help the patient physically, educate her and her partner, and convey their needs to hospital staff. The books emphasize the role as an obstetric ombudsman, probably the single most important characteristic that distinguishes these caregivers from birth partners.

Several ideas underpin all of the books. Paramount is the principle that childbirth is a biologic process, which, in most instances, proceeds to an easy and successful outcome without intervention. Accordingly, advocates of natural childbirth distrust many contemporary obstetric practices: the isolation of patients through hospitalization, the frequent use of pitocin to stimulate labor and of drugs to relieve pain, the routine use of intravenous solutions, the immobilization of patients, the withholding of food or drink, the frequent use of forceps and episiotomy, and, most recently, the heavy reliance on electronic fetal monitoring. These methods, advocates claim, deprive women of the experience of a normal delivery and contribute to a needlessly high rate of caesarean section.

The two books written for birth partners differ from the others. These books address the lay reader and give very practical advice, ranging from specific techniques to capture and hold a woman's attention during a contraction to helping the woman overcome depression during the early postpartum period. Of the two, *The Birth Partner* is far superior. Written by Simkin, a professional childbirth educator, it is filled with factual material about all aspects of pregnancy, childbirth, and the puerperium. The style is clear and concise. For the most part, the information is accurate and unbiased and within the grasp of reasonably educated prospective parents. In fact, anesthesiologists who use regional anesthesia for labor or for caesarean section may find tips on the psychological treatment of women during delivery.

The three books written for professional labor assistants—*Mothering the Mother*, *From Start to Finish*, and *Special Women*—say relatively little about specific techniques for treating patients and deal more with the assistants' responsibilities, training (there are no standard curricula or certification procedures), and other aspects of the practice. The books suggest that the mission of these assistants is unique because of the close personal relationship they develop with their clients and because the assistants are not, like physicians and nurses, responsible to a hospital or any medical professional. The books also suggest that professional labor assistants can help the parturient more effectively than can spouses or friends because they know more about the birth process and hospital procedures.

Of the three books about professional birth assistants, the best is *Mothering the Mother*. Its authors, Klaus, Kennell, and Klaus, are known and respected for several papers that describe medical benefits of doulas.^{3,4} Until the publication of these papers, advocates of natural

childbirth had little more than faith to support their arguments. Readers will find the chapters in this book a useful introduction to the work of these paraprofessionals. The other two books were less satisfying. One, *From Start to Finish*, is little more than a "practical guide for your labor support business," which, in fact, is its subtitle.

Patients today are concerned about "meddlesome" obstetrics. Anesthesiologists who deal with obstetric patients should be familiar with the issues and opinions in these books. Many cite anesthesia as an example of unnecessary intervention. For them, birth partners and professional labor assistants are good alternatives. The exhaustive personal attention that these people offer patients may once have come from physicians, midwives, and nurses but rarely does now. Free from the bureaucracy that regulates the training, time, fees, and medicolegal responsibilities of physicians and nurses, these new paraprofessionals can develop a very different relationship with their clients. Clinicians expecting to deal only with a woman or her spouse may, instead, find themselves confronting the woman's doula or monitrice. Insofar as they measure their success by their ability to keep parturients from resorting to anesthesia and other modern methods of obstetric practice, there is potential for conflict. It is notable that each of the books written for professional labor assistants devotes considerable attention to problems that may arise from interaction with hospital staff.

Anesthesiologists also should know that some of the information in these books contradicts contemporary anesthesia practice. For example, they recommend giving women oral liquids and some food during labor without regard for our belief that this material may not be adsorbed from the stomach during labor and that it may constitute a real danger should the patient require general anesthesia. Simkin states that general anesthesia is "not as difficult to administer or maintain as a regional block, so people with less training may give it." None of the books discusses how the medical condition of the mother may influence the choice of anesthesia. These deficiencies probably constitute the strongest reason for reading them so that we know what misperceptions about anesthesia our patients may have. Natural childbirth methods have steadily increased in popularity during the past 4 decades. With current economic and political emphasis on the use of paraprofessionals, we can probably expect the trend to continue. Therefore, anesthesiologists should familiarize themselves with all aspects of the movement and learn how to use it to enhance medical care.

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