

FOREWORD

YOUR HIGH RISK PREGNANCY: A PRACTICAL AND SUPPORTIVE GUIDE (Hunter House Publishers, 2009)

I will never forget my first delivery. I was nineteen years old, and it was the first day of my third year of medical school at the University of Cape Town. Even though I'd never seen a birth before, I'd made every effort to prepare myself for my first night on Labor and Delivery. I'd gone over my lecture notes and read a number of articles and textbooks, including a very readable and informative book I picked up in our local medical library called *Getting Pregnant & Staying Pregnant: Overcoming Infertility and High-Risk Pregnancy* by Diana Raab, RN, but no amount of reading could have prepared me for that first night.

I arrived for Labor and Delivery duty at 6:00 PM. Every delivery room was full, so women were also delivering on stretchers and chairs in the hallways. I soon discovered that this was just another night at Groote Schuur Hospital, whose labor unit is responsible for over thirty-three thousand deliveries each year. I was asked to go immediately to delivery room #3. An hour later, I emerged having assisted in the delivery of term breech-breech twins, supervised only by a nurse midwife. Over the next few years, much of the clinical obstetrics I learned was from midwives. Even today, when I get up at 3:00 AM to watch a chief resident help an intern take a medical student through a normal vaginal delivery (which probably could have happened safely at home), I still hear the midwives' voices in my head: "Errol, the best way to deliver a baby is with your hands in your pockets. Nature has been doing this well for thousands of years, so don't mess it up!"

Much has changed since I was a medical student. I have been fortunate to have trained and practiced in both obstetrics and gynecology and maternal-fetal medicine (high-risk pregnancy) at a number of outstanding institutions, including Oxford, Harvard, and Yale universities. My current clinical practice at Yale-New Haven Hospital is exclusively high-risk pregnancies. In my years of practice, the most important and rewarding development that I have witnessed has been the move away from paternalistic medicine (where the doctor or midwife knows best) to a partnership between the couple and their health-care provider.

Couples are no longer deferring their health-care decisions to their clinician, nor are they expected to do so. They are better informed, more engaged, and more involved in decision-making. The responsibility of the care provider now is to provide the couple

with the most up-to-date information in a clear, objective, and nonjudgmental fashion that they can then use to make the best decision for themselves in a given situation. With this in mind, I was thrilled when Diana Raab asked if I would be willing to work with her to revise and update her book, with a particular focus on educating and supporting couples facing a high-risk pregnancy.

The term *high-risk pregnancy* is fraught with misconception. It conjures up images of women bleeding excessively during delivery or infants with disfiguring birth defects. Currently, one in five pregnancies is considered high-risk, and most of these pregnancies look very similar to low-risk pregnancies. *High-risk is not synonymous with a bad outcome*. Indeed, most women with a high-risk pregnancy have an uneventful course and a healthy baby. But a high-risk designation *does* mean that you need to be more vigilant, that you may need more frequent office visits, and that you may need to be referred to an obstetrician or maternal-fetal medicine specialist either for consultation or ongoing care.

Regardless of who follows your progress during your pregnancy, knowledge is power. It is the sincere hope of both Diana Raab and myself that the reader will find this book both informative and supportive. It is designed to help you determine whether or not your pregnancy is high-risk, to help you identify the most appropriate type of provider, and to point you toward important questions to ask your care provider. In this way, you can work alongside your care provider to optimize your pregnancy outcome, with the ultimate goal being a healthy mother and a healthy baby.

— Errol R. Norwitz, MD, PhD

Professor, Yale University School of Medicine

Co-Director, Division of Maternal-Fetal Medicine

Director, Maternal-Fetal Medicine Fellowship Program

Director, Obstetrics & Gynecology Residency Program