

We Need God's Help!

In conclusion, recall the Bible passage in Psalm 127: "Unless the Lord build the house, they labor in vain that build it." You need God's help! To marry and stay married, to be happy in marriage, to live a good life, and to raise up your children well in a sinful society is impossible without God.

God's ways are always the best ways to live. Violating God's commands is sin. He is the final Judge. The devil may tempt us with alternative means to happiness, but he is a liar. According to the Bible, sex outside of marriage is sin. It is counterfeit happiness. The consequences of living in rebellion to God are both eternal and temporal. Not only will sinners be cast into hell as their eternal punishment for living contrary to God's laws, but we will ultimately be miserable in this life. Jesus said, "Happy are you if you keep My commands." You and your children will be happier if you obey God's commands! God loves us and His ways are the best ways to live and raise a family. To build a home without laying it on the foundation of God's law and love, is to "build in vain." It is like building a house on the sand, without the proper foundation. It may look good on the outside, but will it withstand the storms of life, or will it falter in divorce and sin? Why do so many of us waste our time building our family without God's help?

Fortunately, God is more than a Lawgiver and a Judge. He is also a Father who sent His Son to die on the cross for our sins so that we can be forgiven. If you find yourself in need of God's forgiveness, confess your sin and call upon the name of Jesus to be saved. God is more than willing to forgive you and help you have the family of your dreams, one that will take all eternity to enjoy!

In Deuteronomy 5:29, God says, **"Oh that there was such a heart within them, that they would fear Me and keep all my commandments always, that it might be well with them and with their children forever!"**



The Bible is a treasure chest of life-saving instructions for our marriage and our family.

So You Want to Have a Baby...

By Dr. Patrick Johnston, D.O.



For answers to important questions on:

- ◆ Birth Control
- ◆ Labor and Delivery
- ◆ Circumcision
- ◆ Breastfeeding vs. Bottle-Feeding
- ◆ Vaccination
- ◆ Prioritizing your marriage

Children Are a Blessing From God

Children are one of the greatest blessings we will ever have in this life. We invest so much time and energy into new cars, bigger homes, better jobs, recreation, and our retirement, but none of these will accompany us into eternity. Our children are the only gifts God gives us in this life that we can take to heaven with us.

Psalm 127 says, “**Except the Lord build the house, they labor in vain that build it... Lo, children are the heritage of the Lord, the fruit of the womb is His reward. As children are in the hands of a mighty man, so are children of the youth. Happy is the man that has his quiver full of them.**”

Unless we have God’s help building our family, we “labor in vain.” We need God’s help! We weren’t designed to do this on our own. With His help and with the guidance of the Holy Bible, we can be assured that our children will be one of God’s greatest blessings. They are God’s reward. They are like weapons in a time of war.

I have seven children ten years of age and under. When acquaintances discover this, they often ask me if we’re done. They often express to me how they couldn’t have and wouldn’t want more than the two or three that they have, how their children inconvenience them and stress them out, or how they cannot wait until they are out of the house. I have a difficult time comprehending this popular anti-child mentality.

I wouldn’t trade one of my children for a hundred million dollars. No worldly pleasure can replace them. My children are one of my most valuable contributions to the world and to the Kingdom of God. Their value is immeasurable, especially a child carefully disciplined to serve the Lord. The Scripture above says, “Happy is the man that has his quiver full of them.” Happy – not miserable, not deprived, but happy! If I were going to war, I wouldn’t want a quiver with one or two arrows, would you?



Our seventh, Faith Victoria.

When patients tell me that they can’t afford children, I often respond that I cannot afford *not* to have children. Social Security was due to go bankrupt before I turned 62 years of age, and that was before the Medicare drug entitlement act passed a couple of years ago. Medicare is also due to go for bankrupt before most of our infants graduate from college or marry. Our government must either drastically raise taxes on our children and grandchildren to rates comparable to Communist na-

It’s a common notion that having a baby puts a lot of stress on the relationship of the parents. Actually, having a baby increases your likelihood of staying together! You just can’t have too much love in a home. Love begs love.

But it is important that in the midst of caring for your baby, don’t forget to prioritize your relationship with your mate. Happiness in a relationship is not a matter of luck, but it is a choice. You have to choose to work on it. You have to choose to be faithful. You have to be affectionate when you don’t feel like it, speak encouraging and loving words, go out on dates occasionally, and make time for romance and intimacy. When your mate doesn’t meet your expectations, you have to choose to forgive.

Believe it or not, loving your father or mother of your new baby is one of the best things you can do for your baby’s health! Statistically, the best thing you can do to positively affect your baby’s life is to commit to love them for life (marriage) and stay married for life!

Getting married and staying married is more important to your baby’s education than sending them to private school. Statistically, single motherhood increases juvenile delinquency! Staying married is more important to your baby’s future wealth than having a good job. If a baby has a single mother, he or she has a 50% greater chance of growing up in poverty! Staying married is more important to keep your children out of drug abuse and crime than encouraging your children to resist peer pressure. Statistically, single motherhood has a causal relationship to criminal behavior and substance abuse! Not having a father in the home who is married to his or her mother also increases the risk of sexual victimization of the child, as well as almost every other social disorder. Social studies, including the one by the liberal Progressive Policy Institute, have shown that single motherhood accounts for the entire difference in black and white crime rates.

It is not only very important to your child’s health, but it is also important to our country’s health! The CDC says that smoking costs the nation more than \$92 billion annually in “lost productivity.” Meanwhile, single motherhood costs taxpayers about \$112 billion every year according to a 2008 study by the Georgia State University.

What these statistics reveal is that God’s ways are the best way to live. He forbids sex outside of marriage not because He wants to minimize our pleasure, but maximize it! He loves us, and obeying His commandments is best for our children.



Faithfully loving your spouse is one of the best things you can do for your kids!

ture. Less parents would demand the procedure on their children if they were forced to watch. It hurts! Even if the penis can be anesthetized sufficiently, it hurts to inject numbing medicine at the base of the penis! Yet even then, it is difficult to completely anesthetize the tip of the penis to make the circumcision painless. It certainly hurts during the recuperation period. This contributes to having a fussy baby the first weeks of life. Infant pain can also interfere with breastfeeding.

Preventing urinary tract infections has been given as a reason to do circumcisions on infants. If doctors circumcise 100,000 boys they will allegedly prevent 900 curable urinary tract infections over the lifespan of those 100,000 boys. That is a poor justification for a surgery at birth.

It has been argued in the past that circumcisions prevent penile cancer. It has been estimated that if doctors circumcise 100,000 boys they will allegedly prevent one elderly man's penile cancer. However, this claim is dated and probably false. Penile cancer is caused by a sexually transmitted virus called the Human Papilloma Virus, and has nothing to do with circumcision.

Studies in Africa have been hailed as proof that male circumcision provides partial protection from HIV, the virus that causes AIDS. However, these studies were faulty for several reasons. The transmission of HIV is caused by risky sexual behaviors, not a normal foreskin. God's design for the normal male body is not faulty. The U.S. has the highest rate of non-therapeutic infant circumcision in the world and our HIV infection rate is twice the rate of Europe where circumcision rates are low.

Christians often justify their child's circumcision by appealing to the Old Testament Scriptures instructing Jews to get circumcised on the 8th day. This, however, is not a justification for circumcision on the 2nd or 3rd day. The 8th day is when the child's blood-clotting and infection-fighting ability matures and when breast-feeding habits are well-formed, and is a much safer period in which to do circumcision than when they are typically performed in America. Moreover, the New Testament specifically discourages the circumcision of Gentiles (I Corinthians 7: 18-19).

The most common reason parents want their boys to be circumcised is tradition and ignorance. They simply want their little boys to look like their father, and are ignorant of the risks and lack of benefits of this surgical procedure. Male circumcision should be likened to the circumcision of females that is the norm in middle-eastern countries, where a girl's clitoris is cut off at the onset of puberty. It is an unnecessary and painful tradition without significant health benefits.

If you want to look at these studies carefully or research more, visit the website of Doctors Opposing Circumcision at <http://DoctorsOpposingCircumcision.org>.

Prioritizing Your Marriage

tions, or benefits must be cut so that we derive little monetary gain, or else we must postpone benefits so that most Americans won't live long enough to enjoy them. This is not only due to bad governing; our birth-controlling, anti-child mentality has also contributed to this crisis.

Children are also economically viable if you raise them to be hard workers. This was much more obvious before the advent of child labor laws and before the industrial revolution when most homes had gardens or grew animals on their property. When my family cans fruits and vegetables, my children make up quite an impressive assembly line that drastically speeds up the process. They feed our rabbits and chickens and do a lot of work around the home. When we prepare a mailing for a ministry in which we are involved, they cheerfully help for hours, folding letters and stuffing envelopes. They love to help! When they are older, they will help with the cooking, cleaning, and laundry. My wife, who is a full-time homemaker and homeschools our children, tells me that her duties are not much more difficult now with seven children than they were when she had just three! That's because the oldest are so helpful. That's how much our children contribute to fulfillment of our duties in the home.

Some have had the audacity to imply that such reliance upon the work of children to perform the duties of managing a large home are harmful to the development of children, or even abusive. I am convinced that the opposite is true. Children who are spoiled all day with the entertainment of television, video games, music, etc., are not prepared for real life. We play hard, but we work hard, too. If we can raise our children to be cheerfully diligent, they will be prepared for life. We'll raise children who are ambitious entrepreneurs and scientists, missionaries and pastors, statesmen and professors, future wives and husbands who serve their mates cheerfully, prioritize the needs of their families, and won't neglect these priorities for excessive, intoxicating entertainment. Unfortunately, with the demise of the American family in our culture, such children are becoming more and more rare.

The remainder of this tract will deal with important issues and helpful pointers that will maximize the mental and physical health of your children. I am certain that you and your children will be much happier and healthy if you follow this advice.

Labor and Delivery

In thousands of years of recorded human history, it is only been in the last hundred years that pregnancy has been treated like an illness. Midwives – women experienced in delivering children – have historically been responsible for delivering babies, not physicians, and still are in most cultures in the world today. Yet in our American culture the medical community treats pregnancy like it's a disease, an unnatural event. After two or three babies, women find themselves frequently pressured by their physician to get

“fixed” to prevent reoccurrence of this apparently pathological crisis, or else are given contraceptives to at least postpone the misery of another pregnancy.

If there is an abnormality with the pregnancy or the mother has chronic health problems and is at higher risk for delivery problems, the care and advice of a physician is vital to a healthy outcome. But I am convinced that most of what physicians contribute to the birth of children is expense and complications. Of all the creatures that God has created, why is it that we think that humans are the only creatures that require the intervention of a physician for a healthy outcome?

My wife and I have home births. Many people, such as the Amish and Mennonite populations in Ohio, regularly deliver their babies in birthing centers manned with experienced midwives, not physicians. It is quite possible and even more likely to have a satisfactory outcome to your pregnancy through a midwife-managed pregnancy, as long as there are no complications in the prenatal period.

In my medical school training and residency, I did several months of obstetrical rotations in labor and delivery units. My experiences confirmed my belief that the hospital is one of the most dangerous places in America for healthy mothers with a healthy prenatal period to have children. I witnessed too many physicians perform unnecessary procedures that contribute to their own comfort and ease at the expense of the patient’s comfort, health, and wealth.



Birth doulas or lay midwives, such as the one pictured above, can ease comfort during a home delivery through massage and personal care

I could give you pages of examples, but I shall only mention a few. I had a physician during my training tell me that he always used forceps (metal devices inserted into the birth canal) or vacuum extraction (a device suctioned to the baby’s scalp) to facilitate delivery. He used them *every time* whether or not it was necessary because, he said, he needed practice for when they would be necessary in an emergency. How many women must have suffered vaginal lacerations, or how many babies suffered scalp facial palsies or hematomas causing jaundice as a result of the unnecessary routine interventions of this physician and the physicians he trained? How many unnecessary procedures today will be considered harmful tomorrow?

I have witnessed physician after physician perform completely unnecessary episiotomies on laboring women (when the woman’s vagina is cut toward the anus to facilitate the passage of the baby through the canal.) The worst vaginal tears I have seen during delivery started with a pair of scissors in the hands of an impatient physician. God’s design allows for sufficient stretching of this area to allow

It is beyond the scope of this article to answer each of these questions for you about each vaccine. Nevertheless, you – the parents – have an obligation to provide for your child’s care, and you should express great caution in blindly following the recommendations of any physician. Take responsibility for your own health, and the health of your children. Be an educated consumer. You should investigate these questions for yourself, as the answers will help you decide which vaccines provide greater benefit than risk for your child. Most of these questions can be answered by reading about these vaccines on medical websites or in the Physicians’ Desk Reference at your local library or physician’s office. Chiropractors tend to be more suspicious of the vaccine recommendations than physicians, and helpful books have been written by them that can help you sort through these questions in a critical fashion.

As for my children, we look at each of these vaccines one by one, and measure the potential benefit versus the risk for each child. Public schools require these vaccines, but fortunately, Ohio allows a “religious exemption” if parents choose not to administer some or all of the vaccines to their children. The law does not require you to elaborate on why your religion precludes you from vaccinating your child with all the recommended vaccines; you need only state that you have a religious exemption.

Circumcision

Medical circumcision was introduced in our country in 1870 by physicians as an anti-masturbation treatment for children. Needless to say, it wasn’t effective at anything except increasing how much money physicians can make from their patients. Why is it that of all the animals in the animal kingdom, we think that human males won’t be normal unless we cut their penises within the first couple days of life?

Routine infant circumcision is not medically necessary and removes protective and specialized sexually sensitive tissue. No national medical society recommends routine infant circumcision. More and more physicians are refusing to perform this unnecessary surgery on their patients. I refuse to do cosmetic surgeries on healthy infants without a medical indication.

Botched circumcisions in children have caused deformity, sexual handicap, and at least one death. Even a textbook circumcision causes pain, as is obvious to any physician who has ever performed the proce-



Cutting off healthy tissue without a medical indication is not healthcare.

vaccine), the Chicken Pox vaccine, and one of the two Polio vaccines are made with aborted fetal tissue, and should be avoided. The vaccine for Shingles is also made with aborted fetal tissue. I recommend that my patients abstain from these vaccines, for it is wrong to exploit the carcasses of murder victims for the benefits of your personal health. As long as we continue to utilize these vaccines, there will continue to be a market for them and more children will die in the rush to make new vaccines against other diseases. I think that the companies who market these vaccines without informing patients of their ethically questionable origin may be liable to civil litigation for lack of informed consent, especially if the patients believe that life begins at conception and abortion is murder. If you have more questions about vaccinations manufactured from aborted fetal tissue, there is a tract in my waiting room entitled “Vaccines, the Hidden Truth” made by the organization “Children of God for Life” that is helpful. Their website is also a helpful resource.

With regard to the other recommended vaccines, my only recommendation is that you take the responsibility for your own children’s care and do not blindly trust your physician. A physician will not take the financial responsibility or provide the round-the-clock care that may be necessary to care for a child who has been adversely affected by a recommended vaccine – the parents will! Some of the vaccines have severe side effects. I have had patients that have had febrile seizures from a vaccine, and have one patient who is wheel-chair bound from Guillian-Barre Syndrome acquired from the flu vaccine. Brain disease and death have resulted from several vaccines. You must carefully weigh the potential benefits of a vaccine with the potential side effects and disability that can occur as a result of the vaccine.

Here are the questions that you should ask and investigate as you consider the benefits and risks of each vaccine before agreeing to the vaccination of your children:

- ◆ How common is the disease being vaccinated against?
- ◆ How severe is the disease being vaccinated against? Is it treatable?
- ◆ How many shots are recommended and how long does the immunity last?
- ◆ How much immunity does the child get from just one or two of the recommended shots, rather than all four?
- ◆ Are there other ways to minimize the risk of your child’s exposure to the disease besides getting the vaccine (such as avoiding daycare and areas of high exposure such as playgrounds in the mall?)
- ◆ Does your particular child have chronic health problems that increase the risk of poor outcomes from a particular illness?
- ◆ What are the common side effects of the vaccine?
- ◆ What are the most severe side effects of the vaccine, however rare?

safe delivery without an unnatural laceration. I’m convinced that most physicians who perform this procedure routinely do it because it makes their job quicker and they can bill for sewing up the patient. If they can do more episiotomies, they can get to the golf course sooner and make more money. The complications of an episiotomy can be enormous for the mother: chronic patient discomfort, chronic pain with sex, the difficulties in breast feeding as a result of maternal discomfort after delivery, infection and abscess formation, lack of bowel control, etc.

Here is another example of an unnecessary routine practice that contributes to maternal discomfort without significant benefit: an Ob/Gyn during my training admitted to me that the fetal monitors that are strapped to the abdomens of laboring women increase their C-section rate, but have no verifiable improvement of outcome of the mother or the baby (as of the last time I investigated this in my residency). This is an example of a physician treating his attorney rather than his patient. It is done to protect the physician from lawsuits, not to improve the healthcare of the patient. I walked into a labor and delivery room and witnessed a young mother begging the nurse to let her get up and walked around. The mother felt that this would lessen her back pain, and she was right. The nurse refused “because we have to monitor your contractions and the baby’s heart rate.” I was uncomfortable with over-ruling the more experienced labor and delivery nurse, but my pity for the poor laboring mother prompted me to help her out of bed. I told the nurse she could be inconvenienced rather than the patient. She could get on her knees and apply the monitor if she wished, but I would not let this patient be maltreated to simply make the nurse’s job easier.

The nurse tried to encourage the young laboring mother to have an epidural (when a needle is inserted into the spine to deliver anesthesia that numbs up the patient’s pelvis and legs) to lessen her pain so that she could lay down more comfortably. This, as well as narcotic administration during labor, does lessen labor pains, but it also increases the C-section rate and can make it more difficult for the baby to breathe after delivery. When a mother is enduring the pain of active labor, she is very susceptible to pressure to take a pill, a shot, or a needle in the back to lessen the pain of her contractions. The mother who has an epidural loses her urge to push in the final stage of labor and this can prolong the baby’s passage through the narrow birth canal. This, in turn, increases the likelihood that the physician will resort to episiotomies or recommend a C-section for



Routine medical care for labor and delivery requires IV fluids, confinement to bed at the end of labor, and denial of food and drink by mouth.

so-called “failure to progress.” All of these procedures may lessen the likelihood that the baby would breastfeed properly in the days and weeks when the mother is recuperating from the unnatural procedures and surgeries.

The mother is frequently discouraged during labor from getting in the position that is most comfortable to her. Routine labor and delivery policies frequently focus on providing comfort to the physician and nurse rather than to the mother. Most deliveries take place with the mother on her back, yet if you think about it, only standing on her head could be a worse position! Standing, squatting, or resting on hands and knees with the pelvis lower than the chest utilizes the power of gravity to facilitate delivery. My wife has preferred delivery in a bath tub during delivery of some of her children. For others, she prefers to squat or get on her hands and knees. She gets in the position that is most comfortable for her, not me, not the midwife, and not any nurse or med student following a physician-centered routine policy.

Most mothers are forced to receive an intravenous needle and are disallowed from drinking in the latter stages of labor. The physician wants her stomach to be empty just in case she requires a C-section, as the presence of stomach contents during surgery increases the risk of aspiration. This is another case where the mother is subjected to inconvenience and discomfort for the benefit of the physician.

In my training, it was uncommon to see a natural delivery in most hospitals today. It seems that the physician-induced delivery has become routine. In a labor induction, the physician will bring the mother into the hospital before she has gone into natural labor, and they will induce labor by the administration of medication through the intravenous line. The excuses for an early induction are varied: the baby will be too big for a safe delivery, the mother is a few days after 40 weeks gestation, the physician would not be on call for the following weekend and the mother doesn't want a strange doctor she doesn't know deliver her baby, etc. I have seen several cases where the baby was predicted to be “large-for-gestational-age” and an early induction was prescribed and the baby turned out to be seven pounds! The proper due date is 40 plus or minus two weeks, not 40 weeks. The mother is not beyond her due date until she is over 42 weeks. Unless there is evidence of pathology or an abnormality, there is no reason to do an induction before 42 weeks. It increases the risk of “failure-to-progress” and a C-section. Moreover, medical induction of labor tends to be more painful than natural labor and increases the demand for an epidural. Again, physician intervention begets physician intervention.

An early induction or a C-section also increases the risk of many problems with the baby, such as a high bilirubin level that requires physician care or hospital admission. This, and maternal discomfort or complication after surgery, can make breastfeeding more difficult.

The rate of C-sections, which is an unnatural surgical removal of the child, has stead-

they say.

The stated goal of the American Academy of Pediatrics is to eradicate disease in society, not simply protect an individual child. At the 2008 conference of the American Academy of Pediatrics, which I attended, the AAP President Renee Jenkins regretted the fact that so many parents were exploiting the vaccine exemption allowed by some states and disallowing their children from getting vaccines. It is not that disease was becoming more common in those areas, it was that “herd immunity” *may* diminish and vaccine-preventable disease *may* become more common. She celebrated the likely possibility that legislation would pass that would remove the rights of parents to exempt their children from vaccination. So even if the risk of the vaccine to your child is greater than the benefit to your child, they will still strongly recommend and administer it because their primary aim is to eradicate disease in society, not just protect your child.

I have a dissenting opinion in the medical community on this subject. I believe parents should research the benefit versus the potential side effects of a vaccine before agreeing to subject their child to the recommended series of injections. It is not the duty of parents to eradicate disease from society at the expense of their own children's best interest. On the contrary, it is the God-given duty of parents to protect their own children first. Some well-informed parents may wish to get all the recommended vaccines for their child, whereas others who are equally-informed may wish to forego one or more of the vaccines because they are convinced that the benefit is not worth the risk. Ultimately, it is the responsibility of the parents to make the decision that they think will best affect their children's health and safety.

As a physician, I freely admit that one of my aims is to eradicate disease from society, but I will not risk one severe, permanent side effect in one child to give immunity to a thousand other children from a disease with which they are unlikely to ever come in contact. That is a disservice to that particular patient and the parents who trust me to do what is best for their child. That is one reason why, with the exception of the Tetanus vaccine, we refer pediatric patients to the Health Department for their vaccinations when the parents want them to have them.

Some of the vaccines are manufactured using aborted fetal tissue, and I think that these vaccines are absolutely unethical. The Rubella vaccine (which is part of the MMR



Do vaccines hurt more than they help?

women and hundreds of billions of mammals have had these problems before you and if you persevere, you will succeed as they did. The baby will latch on and your nipple pain will go away. Hang in there!

If you have other problems with breastfeeding, it is best to meet with a lactation consultant. Email my wife through my website, www.RightRemedy.org.

Vaccination

I once asked a pediatrician during my family practice residency which vaccines she considered most important. “All of them,” she responded. I clarified my question by asking which vaccines she would recommend if a parent only wanted his or her child to get half of the recommended shots. Some of the vaccines are intended to provide immunity to illnesses that do not exist in the United States today, whereas other vaccines protect against illnesses that are common but not likely to be severe, and still other vaccines protect against severe illnesses that are rare in the United States. Some vaccines like Measles, Mumps, Polio, and Diphtheria vaccines have severe potential side effects and have minimal benefit because of the rarity of the disease being vaccinated against. Other vaccines like Tetanus and Pertussis have more benefit because the diseases are more common and they have less side effects. Other vaccines cover primarily sexually transmitted diseases, such as Hepatitis B or the new Human Papilloma Virus vaccine. Other vaccines protect against common diseases that are unlikely to be severe and are easily treatable, like vaccines for Streptococcus, Respiratory Syncytial Virus, Haemophilus Influenza B, Flu, and Chicken Pox. I asked her, of all the vaccines, which are the most important? “All the vaccines are important,” she said, “because all of the vaccines are recommended.”

Such is the reasoning of proponents of contemporary vaccines in medicine today. Most physicians express unconditional loyalty to whatever vaccines are recommended by the American Academy of Pediatrics. It matters not how many vaccines or whether the diseases are common or uncommon or whether the side effects are severe or mild, all vaccines are considered equally important and vital to the well-being of children. So



ily risen over the past several decades. The consequences of surgical removal of the fetus are significant: the woman suffer from pain, can suffer loss of bladder control, can acquire a severe infection, and has greater risk for future pregnancies. The C-section also causes intra-abdominal scarring which can cause chronic abdominal pain and bowel obstruction. The C-section also decreases the likelihood that the woman will have more children, as the risk of future pregnancies is greater. Few physicians are willing to deliver a baby vaginally after a C-section, due to the risk of uterine rupture during delivery and subsequent death of the baby and/or the mother. This is another example of malpractice rates controlling patient care, and physicians looking out for their own interests over patient preference.

I have placed a lot of the blame on the shoulders of physicians who deliver babies, but the problem is systemic, not personal. There are many Ob/Gyns I consider very skilled, yet their C-section rates and their complication rates are unacceptable. They are only practicing medicine as they have been trained. The physicians are caught in a system with certain expectations and with frequent frivolous lawsuits that have mandated how they respond to a given situation. A good Ob/Gyn will even admit these problems with obstetrics. So I intend to cast no fault upon any personal physician, but simply want to point out to you - my patients - that the routine practices of contemporary obstetrics is unnatural and fraught with negative consequences.

One problem I do have with physicians who deliver babies *is*, however, a *personal* indictment: it is the willingness of so many physicians to commit abortions or to recommend an abortion in some circumstances. Most obstetricians and gynecologists have no problem with prescribing the so-called “morning-after-pill” or “emergency contraception,” which acts in part by preventing implantation of the growing human embryo into the wall of the uterus. This kills an innocent human person and is murder. Science confirms that life begins at conception and killing patients is not healthcare. If you would prefer a pro-life Ob/Gyn, please visit www.ProLifePhysicians.org.



This is an intra-uterine photo of a living human being at the end of the first trimester of pregnancy.

Standard of care for obstetrics is to recommend an amniocentesis during pregnancy, which is when a needle is inserted into the pregnant uterus, and fluid is withdrawn and then sent to the laboratory for investigation. The most common reason given to do this procedure is so that the physician can recommend an abortion if the findings indicate the mother may have a genetically deformed unborn child. Lawsuits have been won for “wrongful life” (as opposed to

“wrongful death”); parents have won suits because they delivered a handicapped child because the physician did not recommend an abortion. The most common genetic abnormality that results in such a recommendation is Down's Syndrome. Having Down's Syndrome is not a capital crime. At present, there are very few reasons to do an amniocentesis if an abortion is not an option. It increases healthcare costs unnecessarily, it increases parental stress, and it increases the number of deaths by abortion.

If you are reluctant to consider birthing at home under the care of a lay midwife or birthing in a midwife-manned birth center, you should consider speaking with a home-birthing woman. Better yet, speak to a woman who has done both! Get educated! At the very least, learn as much as you can about what to expect during labor and how to avoid the common unnecessary procedures that are commonly performed on mothers for physician convenience and comfort. Investigate which physician is pro-life (visit the website www.ProLifePhysicians.org for pro-life physicians in your area). Inform your physician that you don't want an episiotomy, an unnatural induction of labor, or a C-section under any circumstances except a certain emergency. Ask around and prefer a physician with the lowest C-section rate and episiotomy rate. Tell your physician that you don't want an epidural or pain medication offered to you during labor, and encourage your husband to enforce your wishes during labor when you are personally most susceptible to persuasion. Tell the physician that you want to eat and drink, walk, sit, or rest in a hot tub during labor instead of lying on your back with intravenous hydration.

Read books on treating the pain of labor through natural means, such as massage. The Bradley method, which you can read about or look up on the internet, is the method of pain control that my wife and I employ to minimize the discomfort of labor and we have found it quite effective. A physician who is caring for a mother whom he knows is knowledgeable and aware is much less likely to recommend unnecessary procedures and surgeries.

Natural Nursing (Breast-feeding)

The health benefits of natural nursing for the mother and baby are well-established. The formula-fed baby is more likely to suffer from asthma (a chronic lung disease), chronic ear infections, chronic skin infections, and allergies than a breast-fed baby. Formula-fed babies are even more likely to acquire some types of cancers, such as lymph node cancers! Heartburn, constipation, and colic (when the baby cries constantly or is very fussy due to gas) is much more common in bottle-fed babies. Breast-feeding is one of the most powerful indicators that your baby won't be in the doctor's office week after week with infections and illness.

Breast-feeding your baby also helps burn up extra calories and aids in weight loss to help you get back to your pre-pregnancy weight. Studies have shown that moth-



Natural feeding decreases the risk of blood cancer, asthma, and ear infections in the infant, and decreases the risk of breast cancer in the mother.

ers who breast-feed are less likely to develop certain cancers and infections. Breast-feeding can save your life, and the lives of your children!

Mothers frequently give up on breastfeeding because they think their breasts were not sufficiently productive to satisfy the baby. However, normal breasts don't put out much milk at the beginning. Rather, they put out a very important substance called colostrum. Colostrum is loaded with important antibodies and enzymes that are critical to the maturation and effectiveness of the baby's immune system the first weeks and months of life, when he or she is first exposed to a plethora of potentially harmful bacteria, viruses, and allergens in the environment. If scientists and physicians had a billion dollars to spend on nutrition for your baby the first months of life to maximize their health and minimize disease, we could not design anything better for the baby than what God designed them to drink – your milk! You are the billion-dollar woman when it comes to your baby's health!

Mothers frequently claim that they gave up on breastfeeding because the baby wouldn't latch on. The baby may not have a strong sucking reflex at the beginning because he or she is just not all that hungry. The baby's stomach is filled with amniotic fluid after delivery, and it takes time for that hunger reflex to kick in and get the baby sucking strong. We fully expect the baby to lose a couple of ounces the first few days of life. If the baby gets back to his birth weight by the second week, the breast-feeding is sufficient.

Don't start giving the baby formula if you feel that your breasts are not sufficiently productive the first few days of nursing, or if you feel that the baby's not latching on appropriately. If the baby becomes satisfied with an artificial nipple, they may be trained to only suckle if that artificial nipple is in their mouth. Then they won't want to suckle their natural, healthy nutrition. Furthermore, if they don't begin to suck on your nipples strongly because they are getting their nutrition from another source, then your breasts will not put out a sufficient amount of nutrition. The breasts create milk according to the law of supply and demand: the greater the demand, the greater the supply. Even a woman with small breasts can make enough milk to feed triplets! She may have to feed babies constantly, but her breasts will grow and meet the demand! God's design is truly amazing.

Mothers also have claimed that they gave up on breastfeeding because their nipples began to hurt. This is always remedied through patience. Don't give up! Billions of