

cultural medicine

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Life Without Contraception

By her 10th wedding anniversary, Fannie was the mother of 10 children with number 11 on the way. Her mother had 16 children and estimates she currently has 137 grandchildren – she only does an official tally once a year. While life without contraception is something that those of us trained over the past 30 years have little practice with, it is often a daily reality for some of our patients.

In the very strict Old Order Amish community that I serve, children are viewed as a sign of God's favor. Contraception is forbidden except in life threatening situations and "family planning" consists of having a baby every year or two until menopause. Most young couples have a baby before their first anniversary and very few of those were conceived before the wedding. Wives who aren't pregnant by the time the last baby is weaned are viewed with pity and/or suspicion. After all, if children are a demonstration of God's favor, infertility is a cause for not only medical, but also for spiritual evaluation.

Not all Amish communities are this strict. Each community – rather than the individual – decides what the standards will be and those in the community are expected to conform to the set standards. Nonconformity is dealt with by censure and leaves the individual with the options of coming back into line, moving to a more liberal group, or leaving the faith entirely (at the risk of never seeing your family again).

What are the implications of unbridled fertility for the medical community? They are multiple, but first and foremost you must always consider the possibility of pregnancy. Don't prescribe any medications outside of pregnancy category A or B to these women before menopause. If you prescribe meds that are contraindicated in pregnancy (ie, ACE-I, ARBs, quinolones, warfarin) to anyone in the community,

make sure they understand not to share the prescription with friends and family members. Elective surgeries (such as the almost obligatory umbilical hernia repair) must be planned some time within the first month postpartum. Your patient will not be pregnant and will have a female relative staying at the house to help.

It is the rare occasion that I can recommend birth control and obtain patient compliance. Oral contraceptives were used to improve the cycles of an unmarried schoolteacher whose menorrhagia and dysmenorrhea were causing her to miss work. Likewise, they were permitted for use in a teen with perimenarchal dysfunctional bleeding who had been on her period for six months nonstop. Her hemoglobin was 8.0 and she wasn't getting her chores done as fast as usual. Twice I've gotten permission to do a tubal ligation at someone's fifth c-section because the prospect of reentering that mass of adhesions was just too intimidating. Women having difficulty with infertility due to irregular menses have been persuaded to take a cycle of OCPs if I emphasize the drugs will ultimately improve her ability to conceive. One year I actually smuggled Depo Provera every three months to an insulin-dependent diabetic. She had almost killed herself by having four children in three years. I'm happy to report the respite did her good and she recently delivered a healthy, full term baby girl without too many complications.

What are the consequences of living a life that precludes contraception and embraces large families? The financial result is frequently extreme poverty, making my welfare clients look well-to-do in comparison. Families with metabolic disorders or chromosomal defects can expect to bury several children. The long-term physical consequences of grand multiparity include umbilical and ventral hernias, pelvic relaxation, severe varicosities and

chronic anemia. Grand multiparity also increases the risks at delivery of malpresentation, uterine rupture, hemorrhage, and placental problems such as previa or accreta. I'm not even going to try to describe here what a lifetime of caring for 16 children, a husband, and his elderly relatives does to someone – I lack the vocabulary. Imagine doing all the cooking, cleaning, sewing and gardening without running water, electricity, or other modern conveniences.

My purpose in writing this article is to remind healthcare providers that some of your patients reject contraception and are at risk of becoming pregnant anytime between the wedding night and menopause. If my description of the outcome sounds negative, it is only because, even after a decade of close association with this very special group, I'm still "English" and don't understand all the nuances. The Amish themselves always smile when a pregnancy test turns positive, even if occasionally it takes a little effort.

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