

are equally fraught with methodologic challenges, especially observation bias.

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## References

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3. Smuchy JJ, Becker LA, Glazier RH, McIssac W. Are antibiotics effective treatment of acute bronchitis? A meta-analysis. *J Fam Pract* 1998;47:453-60.
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## Uterine Inversion

*To the Editor:* I am writing regarding your recently published article "Uterine Inversion: a Life-Threatening Obstetric Emergency."<sup>1</sup> Drs. Hostetler and Bosworth state that "the most likely cause [of uterine inversion] is strong traction on the umbilical cord . . . during the third stage of labor." This statement is referenced to information from the 20th edition of *Williams Obstetrics*. The authors of this text do not reference where this opinion came from. In June 1995 *Obstetrics and Gynecology Clinics of North America* published an article by Wendel and Cox<sup>2</sup> on the management of uterine inversions. In their article they reference work by Schaefer and Veprosvsky from 1949 that included mismanagement of the third stage of labor as the cause of uterine inversion; then they go on to reference multiple studies that have disproved this theory. They state:

Modern reports, however, fail to show a direct association of inversion with mismanagement of the third stage of labor. In fact, 15% to 50% of inversions occur "spontaneously" after the third stage of labor. These recent findings suggest a congenital predisposition to inversion as a consequence of abnormalities of uterine musculature or innervation. Further supporting evidence for this theory is that the condition occasionally recurs in subsequent labors.

As textbooks often lag behind other bodies of knowledge, I think this might help clarify the medical myth that cord traction is the usual cause of uterine inversion.

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## References

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2. Wendel PJ, Cox SM. Emergent obstetric management of uterine inversion. *Obstet Gynecol Clin North Am* 1995; 22:261-73.

## Birth and Death: Through a Child's Eyes

*To the Editor:* Dr. Feldman's response<sup>1</sup> to my concerns about her advocating sibling presence at childbirth is even more worrying than her original article.<sup>2</sup> Several of the studies she cites in support of her position do not in fact do so: one study<sup>3</sup> does not deal with this subject at all. At least one other<sup>4</sup> is not a scientific study but is the memoir of a sibling birth attendance written by members of a family in a rather self-justifying manner. Furthermore, several of the studies have serious methodological problems in that they use psychological instruments that were created ad hoc and not subjected to reliability and validity analyses, so that their usefulness in assessing the psychological impact of birth attendance on children remains to be shown.<sup>5</sup> On the other hand, some of the articles Dr. Feldman cites illustrate very clearly the concerns expressed in my letter. A vivid description of the impact on children viewing the birth of a sibling is provided by Daniels<sup>6(p20)</sup>:

There were very few cases without some expression of negative feelings (5 of 30); fear was the predominant negative emotion. The children who had the hardest times were probably those who perceived their mothers as helpless, in pain or out of control. One child thought her mother might die if the placenta did not come out. In one case, there was a hemorrhage that quickly responded to bimanual compression. The child was so nauseated that he had to leave. . . . In several cases, the mother's crying out persisted as a troublesome memory. A 5-year-old said to me, "Well, you see, there's crying. I am used to crying . . . but screaming . . ." During delivery she had buried her face in the support person's shoulder.

Another author<sup>7(p16)</sup> cited by Dr. Feldman cautions: "there are several reasons to be cautious about extrapolating from (her own) findings:

3. The negative observations bade of *some* children by the midwives suggest the need for an independent observational study of child behaviors at birth.
4. The follow-up was short-term only" (emphasis in original)

Short-term, methodologically flawed studies should not decide this issue. Furthermore, the responses quoted from the children themselves graphically show the traumatic potential of attendance at sibling birth. It should be noted that these reactions occurred even though these children were prepared by a special program for children scheduled to witness sibling birth. Dr. Feldman claims that with preparation there is no danger to children in observing sibling birth.

Daniels<sup>6(p21)</sup> comments further: