

Newsletter No. 6

April 2012

Dear isppm family,

spring is here and with it new impetus for our projects!

The preparations for our Annual Meeting on 14 to 16 September 2012, the Board will decide on all abstracts received. We will have excellent speakers from around the world and different sectors of our society.

The meeting of the WG Psychotherapy in Heidelberg on 27 to 29 April 2012 will take place shortly. Top-notch speakers will present in a family-like atmosphere. The flyer is attached – unfortunately only in German.

The Extended Board is going to meet at 13 and 14 April in Bad Säckingen, our member Dr. Horia Crisan has invited us to Sigma Centrum <http://www.sigma-zentrum-hochrhein.de/>

Website

You can log into the members area of our new website (<http://www.isppm.de/frontend.php5?l=EN>) with the following data:

Username: isppm

Password: sonne

We ask for your discretion to third parties!

Our website includes already some articles for free download, documents, minutes of board meetings, etc. Additional files will follow. If you want to provide your articles to the members of ISPPM, please send the file to secretary@isppm.de.

We are presently preparing the membership list. We invite all members to provide us

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with updated general information (e-mail address, business/home address, phone number, occupation, affiliations and major interests) for the membership list. If you have concerns with the publication of your contact information in the membership list, please inform us via mail (secretary@isppm.de). We will then delete your data.

The year book 2011 published by Mattes-Verlag will appear in late April. It will be sent to all subscribers who have paid the amount of 25 €. The year book will also be available at the meeting of the WG psychotherapy meeting. Moreover, the book is available for the shop price of 28 € from the Mattes-Verlag Heidelberg.

News

MRI (Magnetic Resonance Imaging) during Child Birth

The new and highly questionable technique of MRI (magnetic resonance imaging) is increasingly used in prenatal diagnosis:

http://www.uni-leipzig.de/~paedrad/index.php?option=com_content&task=view&id=36&Itemid=52

<http://www.curado.de/MRT-Fehlbildungen--21200/>

The ISPPM together with the German Associations Green Birth e.V., DFH e.V. GfG e.V. continue to be active in various campaigns against the entry of magnetic resonance imaging (MRI) for prenatal diagnosis. MRI has for the first time been used to observe a baby during the delivery in 2010 by obstetricians and radiologists at the Charité University Hospital in Berlin. This event has been celebrated by several media as a world record without concern for the well-being of mother and child.

Green Birth e.V. and the ISPPM have filed a legal suit, but it was rejected. Moreover, the Health Office of Berlin-Mitte rejected a complaint filed by Green Birth e.V. and

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ISPPM. Irene Behrman, chairman of Green Birth Association, is presently preparing a request on behalf of the two societies to the Federal Minister for Education and Research, Annette Schavan, with the goal to deny research money for the MRI project for ethical reasons. In our opinion an unborn child is an "incapacitated person" requiring application of the appropriate strict ethical rules of the Helsinki Declaration.

Doubling of the Caesarean section (CS) rate in Germany

According to a report of the Federal Statistical Office Germany (www.destatis.de) the rate of CS has increased in Germany from 16.2% in 1991 to 31.9% in 2010. Obstetricians interviewed by the media explain the rise by the increasing age of the mothers and other risk factors. However, in Sweden and Finland with a similar age distribution of pregnant women, the CS rate is almost 50% lower than in Germany. Thus, a large percentage of the CS in Germany is probably not medically indicated.

Selected planned CS are associated with high risks for the mother and the child. The risk of severe maternal morbidity is three times higher when compared with vaginal delivery. Because planned CS is done before the onset of contractions, large numbers of infants are born prematurely. Recent studies have shown that even infants born "early term" (37 to 38 weeks gestation) are at increased risk for respiratory and nutritional problems. Many babies need neonatal intensive care. Moreover, the risk of long-term cognitive problems, asthma and diabetes is increased in children born by elective CS.

A report on the risks of elective planned CS for the children is presently prepared by Prof. Otwin Linderkamp and will soon be available in our website.

Partner Network

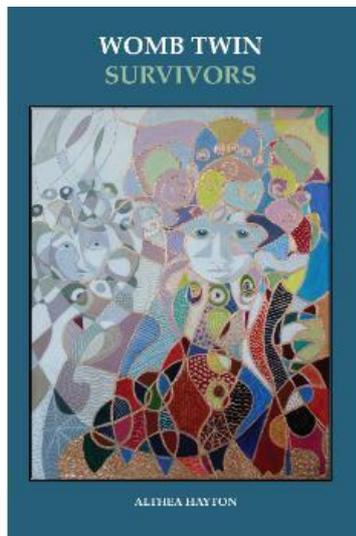
The APPPAH meets this year from 15 - 18 November in San Francisco

<http://birthpsychology.com/content/2012-congress>

The Maternal Fetal Medicine and Perinatology Turkey Association (TMFTP) invites you to the 8th National Congress in Istanbul on 11 - 14 October 2012

For more information: <http://www.tmfptkongre2012.org/en/>

Book Tips



Althea Hayton: WOMB TWIN SURVIVORS: The lost twin in the Dream of the Womb

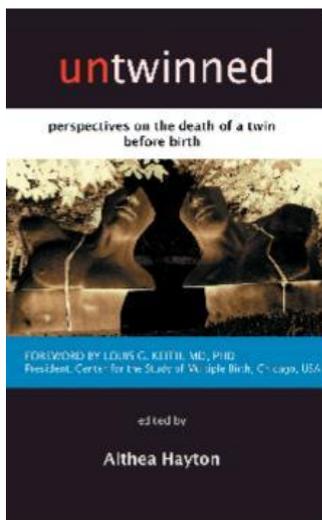
ISBN 978-0-9557808-2-0

Paperback book, Wren Publications, 2011

Womb twin survivors are the sole survivors of a twin or multiple pregnancy. An average of 1% of births in the world are twin births, and research has revealed that for every pair of twins born there are at least 10 singleton babies born whose twin died in the womb - their "womb twin". There are more than 600 million womb twin survivors in the world, which is 10% of the entire population, but until recently we could not identify them. It is astonishing that society has somehow managed not to notice or correctly identify such an enormous group of millions of people. This is probably because until the 1980s the loss of a twin in the womb was not fully recognised or acknowledged. People can hardly be expected to pay any heed to the needs of the sole survivors if the lost twins remain hidden from view.

Research using ultrasound scans has shown us just how many twins are lost even in the first few weeks of life. These are called "vanishing twins" but they don't really vanish -

they die. Their tiny bodies may be miscarried, disintegrate or gradually fade away, leaving tiny traces that an expert may be able to identify but that many people would not even notice. Since the amazing day when I realised that I am a womb twin survivor, I have been looking for the others. One by one, womb twin survivors came to me from all over the world. With their help, I have learned how to identify them and help them heal. I know that womb twin survivors have a need to understand why they feel as they do: in order to help them, I intend to bring these little lost twins out of the darkness and into the light. This book is their story.



UNTWINNED. Perspectives on the death of a twin before birth
Edited by Althea Hayton

ISBN 0-9525654-9-8 Published by Wren Publications 2007

It is now known that for every twin or multiple pregnancy that results in more than one baby being born, there are ten such pregnancies where only one baby is born: the sole survivor of the pregnancy, (i.e.. a wombtwin survivor.) Worldwide, about 1% of pregnancies end in the birth of a twin pair.

This astonishing statistical calculation, if it is correct, would mean that 10% of the people in the world are the sole survivors of a twin or multiple pregnancy. Although for many years the loss of a twin at any age has been recognised as a real and profound bereavement, it has been suggested by

many people, including surviving twins themselves, that the loss of a twin close to birth also leaves a deep impression of some kind on the survivor.

This anthology takes things that little bit further: is it possible that an impression of a lost twin still remains even when the twin died early on in pregnancy? This idea has caused considerable controversy among medical professionals and experts on twin psychology.

It is time for an intelligent and well informed debate on the subject, and this anthology is designed to set out some of the existing knowledge for general consideration. This anthology explores four different aspects of the death of a twin:

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PART ONE: The impact of the death of a twin on the parents of the twins, the wider family and society as a whole

PART TWO: "Vanishing twin" phenomenon

PART THREE: The possibility that we all carry some kind of impression of life in the womb.

PART FOUR: The psychological effects upon the survivor of the death of their twin in the womb before they were born

Anyone who has information for our quarterly newsletter or would like to announce their own events, please contact secretary@isppm.de.

For the announcement of your own events such as workshops and training courses in our newsletter please fill in the form annexed hereto. We shall then attach it to the next circular letter sent to the ISPPM members.

Thank you for your attention and your support of our work!

Johanna Schacht and Otwin Linderkamp on behalf of the ISPPM Board Team