

IS BED REST BUNK?

WHY AN UNPROVEN TREATMENT CONTINUES TO BE PRESCRIBED

BY DINA ROTH PORT PHOTOGRAPHS BY KIRSTEN STRECKER



when Britta Limary of Albuquerque was pregnant with her daughter, Sivanah, she planned to spend her third trimester picking out her baby's layette, relishing some alone time with her husband, and getting her home ready for their new addition. But when she started having contractions at 31 weeks, her obstetrician treated her with medication to stop them and put her on complete bed rest for the remainder of her pregnancy. In Limary's case, that meant she had to lie in bed (preferably on her side) and only get up to use the bathroom and take a quick shower. She wasn't allowed to go to the kitchen for a snack, sit on her porch to get some fresh air, or even play with her miniature schnauzer puppy. "I hated every moment of bed rest," says Limary, who



delivered Sivanah at 38 weeks. "I was bored and anxious, and felt like a prisoner in my own home. It was such a horrible chapter in my life—I wouldn't wish it on anybody."

And in many similar situations, bed rest might not even be necessary. Though 90 percent of obstetricians prescribe bed rest to women with complications that increase the risk for preterm labor, such as high blood pressure, carrying multiples, and vaginal bleeding, no solid studies have ever shown that it's an effective treatment. In fact, according to the American College of Obstetricians and Gynecologists (ACOG), "bed rest does not appear to improve the rate of preterm birth and should not be

routinely recommended." And yet, doctors continue to do so to nearly 700,000 expectant patients—about one in five—each year.

"Bed rest is greatly over-prescribed," explains Mark Taslimi, M.D., professor of maternal-fetal medicine at Stanford University in Palo Alto, California. "The majority of women who are on bed rest don't need to be, and many experience physical, emotional, and financial complications that are completely unnecessary."

doctors' doubts

Why do physicians rely on a treatment that has shown no benefits? Primarily because there is no surefire way to prevent preterm birth. "If

preterm birth is going to happen, it's going to happen—but the hardest thing in the world is to tell a patient 'I don't know how to help you,'" says John Thorp, M.D., a maternal-fetal specialist at the University of North Carolina School of Medicine in Chapel Hill who helped draft the ACOG statement. "Doctors prescribe bed rest to patients because they feel like at least they're doing something."

There's also an inherent belief within the medical community that bed rest buys extra time. It's a prescription that dates back centuries and has stuck through the years, largely due to anecdotal evidence that it works and the thought that it can reduce maternal stress, increase blood flow to the uterus, and decrease pressure on the cervix.

Liability and fear of medical malpractice play a role too. "Obstetrics is a field often subject to inertia—doctors have to be conservative because we're dealing with two patients and there's that much more risk," explains Charles Lockwood, M.D., chairman of the department of obstetrics, gynecology, and reproductive sciences at Yale University School of Medicine in New Haven, Connecticut.

And then, some physicians say bed rest is just common sense. "Many expectant mothers overexert themselves—juggling jobs, families, and social lives," says Suzanne Trupin, M.D., clinical professor of obstetrics and gynecology at the University of Illinois College of Medicine at Urbana-Champaign. "Limited bed rest—for a few hours a day—forces them to slow down."

The benefits of bed rest, however, are all unproven theories, says Dr.

SURVIVING BED REST

No one ever said being on bed rest was easy, but there are ways to make the experience a little more tolerable. Here are tips for coping:

STICK TO A SCHEDULE. "Every morning I'd shower at 10 A.M., eat lunch at noon, and then read or enjoy visitors before I'd have dinner and go to sleep by 9 P.M. Having a routine kept me from feeling like bed rest was one never-ending day." —Annette Favolise, Sanford, ME

KEEP EVERYTHING WITHIN ARMS' REACH. "Since I wasn't allowed to get up, I had my phone, laptop computer, the television remote, and even a change of clothes in bed with me. I also had a mini-fridge nearby, which I stocked with water, peanut butter sandwiches, yogurt, and fruit." —Catherine Schroeder, Columbus, OH

REMEMBER THE BIG PICTURE. "I framed my daughter's ultrasound and kept it near the couch on which I spent most of my time. Whenever I felt bored or sad, I'd look at her little face and remember that what I was doing was well worth it." —Julie Cowles, Topeka, KS

PLAN A DATE NIGHT. "Have a weekly date when you and your husband lie in bed and eat a special meal or watch a movie—do anything but talk about the baby." —Nancy Veeneman, online director of Sidelines, a national support group for women on bed rest (www.sidelines.org)

GET PHYSICAL. "Talk to your doctor about exercises you can do in bed to improve circulation—point and flex your toes, tighten muscles for a few seconds, and squeeze a ball." —Robert Landel, associate professor of physical therapy at the University of Southern California in Los Angeles

LINE UP YOUR SUPPORT TEAM. "Don't feel guilty about asking for or accepting help. When I was on bed rest, my mom did our laundry and cooked, while my sister did all the shopping for the baby. Meanwhile, my husband took care of just about everything else—from keeping the household running to picking out Christmas gifts." —Susan Farris, Lucedale, MS





Thorp. "Just because something is widely believed doesn't make it true," he explains. "Scientifically, bed rest is simply not a valid treatment."

a mother's sacrifice

Despite the lack of evidence that bed rest works, doctors still prescribe it and most mothers-to-be more than willingly oblige their orders—even though doing so can place an extreme burden on them, not to mention their families. "Women pay a high

weeks or months on bed rest, a new mother often won't have the strength to care for her newborn," says Maloni. Financial pressures due to lost wages and medical bills can increase a woman's struggle as well.

When pregnant with her daughter, Missy Intihar of East Amherst, New York, was put on bed rest after she started having contractions during her 24th week. She says the experience was one of the most difficult times in her life. Since she needed to lie down except for a daily shower and bathroom trips, Intihar had to quit her part-time job while her husband worked overtime and tended to household chores at night. She also had the added frustration of not being able to care for her then 16-month-old son, Riley. "He had to use a step ladder to get in and out of his crib," she says. "The guilt was unbearable—I was a mother, but I couldn't care for my son; I was a wife, but I felt like I'd abandoned my husband," she says. After she delivered her daughter, Kennedy, full-term, Intihar felt so lethargic that just walking to the nursery left her winded.

Yet, for all of her suffering, Intihar says that it was worth the reassurance that she was doing everything she could to protect her child. "There

In these cases, lying on your side—especially your left side, which increases blood flow to the uterus—might help. It's not recommended that women lie on their back for long periods, since this can put pressure on the vein that brings blood from the lower body back to the heart.

Once your doctor has prescribed bed rest, make sure you understand the specifics of her prescription, which can range from giving up vacuuming and shopping to staying in a hospital bed 24 hours a day. Discuss as many details as you can, from whether you can ride in a car, have sex, or walk up stairs to how much weight you can lift and how long you can stand in the shower.

Also, bear in mind that since there is no standard definition of bed rest, prescriptions from doctors can vary for women with the exact same diagnosis. For that reason, if you have any doubts, experts recommend you get a second (or third) opinion from another OB, ideally one with a specialty in maternal-fetal medicine.

Bottom line: Bed rest is an odds game, says Roger Newman, M.D., director of maternal-fetal medicine at the Medical University of South Carolina in Charleston. "Physicians are bad at identifying who is at risk for preterm birth, and until we get

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price for being on bed rest," explains Judith Maloni, R.N., Ph.D., author of a recent study funded by the National Institutes of Health, which found that bed rest can result in adverse side effects, such as muscle atrophy, hip pain, low weight gain in the mother and baby, increased fatigue, and depression. Postpartum, women report difficulty recovering. "After

may be no medical proof that bed rest works, but I did it and delivered a healthy baby girl," she says. "That's proof enough for me."

following orders

So what can you do if your doctor tells you that you should be on bed rest?

First, verify with her that a risk for preterm birth has been established.

better at it—which we are—we're going to continue to over-treat some patients to prevent tragedies in others," he says. It's a matter of talking to a doctor you trust and making a collaborative decision about what is best for you and your baby. ●

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