Letters to the editor

Letters received from readers in response to articles and ideas published in ANS are regularly featured, providing an opportunity for constructive critique, discussion, disagreements, and comments intended to stimulate the development of nursing science. Unless otherwise stated, we assume that letters addressed to the editor are intended for publication with your name and affiliation. When space is limited and we cannot publish all letters received, we select letters reflecting the range of opinions and ideas received. If a letter merits a response from an ANS author, we will obtain a reply and publish both letters.

REPRODUCTIVE TECHNOLOGY

To the editor:

Margarete Sandelowski's article, "A Case of Conflicting Paradigms: Nursing and Reproductive Technology" (*ANS* 10:3, April 1988) may be as disconfirming of women as are the purveyors of technology described. Many women are pleased to have the benefits of technology for their pregnancies and birthings. To label them "conditioned to television images" or desiring to be "relieved . . . of the responsibility of providing accurate information about their contractions" is patronizing at best.

A perspective of evolutionary emergence[1] allows us to integrate into nursing practice the rapidly occurring technological changes in society and changing world views of women and men. Rather than rigid notions of women as needing identification, unity, connection, and continuity, a more androgynous view allows us to embrace the variability in both women and men. Changes such as ever-increasing technology continue. It behooves nurses to provide care that recognizes our clients' diverse world views and environments.

The reality is that many women love seeing their developing fetuses through the experience of ultrasonography. We do not know if the experience leads to differentiation before quickening occurs, as the author assumes, or if seeing is substituted for feeling in the process of maternal-fetal differentiation or is an additional sensory modality.

Problems with maternal-fetal attachment that occur with the amniocentesis procedure are certainly associated with the threat of termination, but these may be exacerbated by its being performed at 16-weeks gestation, when attachment is normally thought to be in progress. New procedures, not yet widely available, may soon enable amniocentesis to be performed in the first trimester. Furthermore, we do not know if the period between the amniocentesis procedure and the results actually delays emotional attachment to the fetus or sets up a period of conflict between attachment and the possibility of loss. For some women, this may be resolved through a decision to accept the fetus, abnormal or not, and carry the fetus to term. In this case, the woman has been given a time of preparation for the birthing of an abnormal infant.

While the application of technology to child birthing is by no means solely responsible for the improvements in maternal and neonatal mortality statistics, it is sometimes the essential contributing factor allowing women and babies to survive. In evaluating the role of technology, we must consider that at the beginning of this century women had to expect that their infants might not survive. A change in this expectation may also have affected women's relationships with their developing fetuses.

I agree with Sandelowski that nurses must consider the role of reproductive technology and innovation in light of the purposes of nursing, but I believe nurses must subscribe to a broader view of human beings and their environments in order to deliver respectful, individualistic care to all.

REFERENCE

Rogers ME: *An Introduction to the Theoretical Basis of Nursing*. Philadelphia, F.A. Davis, 1970.

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To the editor:

Margarete Sandelowski's approach to ethical issues in reproductive technology is interesting and challenging but very narrow in its interpretation of the role of nursing intervention. Her point is well taken that nurses generally have accepted technological advances uncritically "in hopes of extending nursing's sphere of influence and humanizing increasingly machine-oriented health care." To then claim that reproductive technology is challenging the foundation of nursing by altering nurse touch is to deny nurses' problem-solving skills and ingenuity; no nurse worth her salt finds fetal monitor belts a barrier to back rubs, effleurage, or any form of physical or emotional support. Nurses who will sit at a central monitor station watching a contraction strip rather than be in the room with the laboring woman are the same nurses who sat at the central desk talking to each other prior to the advent of modern technology. During in vitro fertilization attempts, the conscientious nurse is still there holding the patient's hand, explaining what is going on, assessing, validating, and utilizing the woman's own perceptions, sharing her feelings of joy or disappointment at the outcome of egg retrieval.

Sandelowski's views about the bonding process are equally one-sided. While it is important to consider the potential long-term effects of externalizing knowledge about the fetus, as may occur with early ultrasonography, it is equally necessary to consider the effect of improved outcome (resolution of infertility and reduced fetal wastage) that the new technologies have brought us.

If an argument can be made that reproductive technology is valenced toward both attachment and separation, then perhaps it is not valenced at all, but simply available to be used as directed by the particular nursing values system that is responsible for its application; as nurses who believe in the dignity of the individual we should be putting our emphasis on creative nursing interventions that embody holistic principles and empathetic touch.

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Author's reply

I appreciate the interest in my article. I was warned the article might generate some controversy, although I have also received comments affirming the ideas I presented. In the article, I integrated the ideas of feminist scholars, who see the dystopian potential of these technologies, with those of more sanguine observers and clinicians. I presented this integration in language I believe conveys tentativeness, speculation, and suggestion. Nowhere do I assert that nurses or childbearing women are unfeeling or conditioned automatons. Nor did I assert one rigid view of women's needs or maternal-infant attachment, or suggest the lack of any beneficial outcomes of these technologies for women and infants. The article does not in any way contradict the idea of recognizing diverse world views and environments. Lethbridge's discussion of the impact of amniocentesis supports the thesis of the article that technology is altering the way women experience childbearing and that these changes must be acknowledged and explored.

What I do assert, with the assistance of sensitive feminist scholars, is that integral to each technology is a system of values, assumptions,