

How Evasive is the Need for Clinical Healing from Excessive Birth Control on the Womb and Urethra. This is Needed Because of the over usage of Contraception which May Cause Induced Heavy Bleeding in Women Before and During Labor

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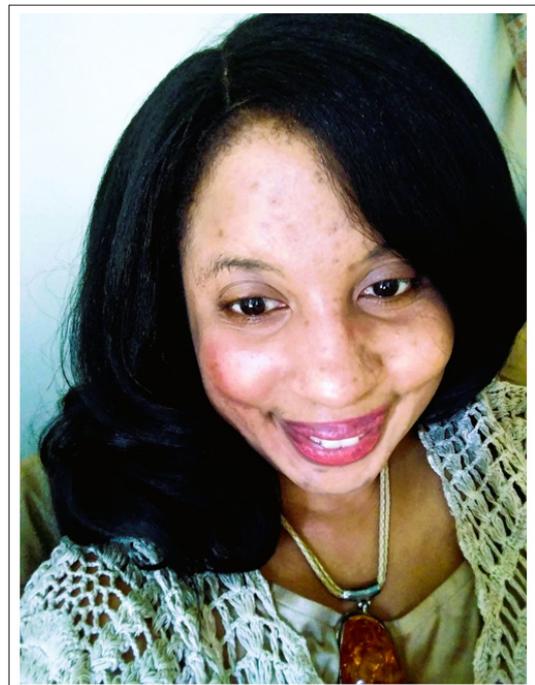


Photo of Professor Sharon N Alenda PhD/ Women's Health & Maternal Psychology & Neonatal Care/ Fetal Medicine



Introduction

Professor Sharon N. Alenda is a woman who is soon to hold a PhD in Medicine along with a Master of Arts in the Health Sciences. Soon to be Dr. Sharon N. Alenda has already attained several Business / Finance Certifications & a Professional Graduate Diploma in Finance & Business; and Bachelor of Science in Education & Teaching. and is the Chairperson of Women First Women's Health & Newborn Care which is and International Organization which spreads philanthropic healthcare for women and their children and their male counterparts and or male direct relatives throughout Africa. Sharon is a freelance professor and has been asked to speak and teach at community forums for Catholic women and has had the pleasure of teaching female students on the subject matter of Women's Studies as a visiting Professor at the University of Maryland College Park back in the Spring of 2013. Sharon has written over 4 books so far on the topics of Women's Studies, Women's Ministry, Maternal Psychology & Women's Health all within a Social Science framework.



A Photo above of Professor Sharon Nkengafac Alenda

Medical Precautions must be Taken to Adverse Contraceptive Side Effects

As a woman who is soon to practice as a Doctor of Medicine Professor Sharon has understood that women who have been encouraged by their Primary Care Doctor and or their Obgyn Physician to take prolonged birth control methods to avoid a potential unwanted pregnancy or an unwanted due date ultimately end up having a hard time once they are ready to finally get pregnant and a have a baby after their prolonged usage of contraceptives or the usage of birth control pills by mouth or by a medical vaccination of these same contraceptives in the arm. As we know certain by mouth birth control and vaccinated contraceptives induce menstruation for the women for whom these contraceptives have been prescribed for. Almost always after the very first dose of the contraceptive is taken by mouth or injected in the arm; the first phase of the female patient's menstrual bleeding is fairly light. With time after a woman takes her prescribed birth control for say during a length of 2 to 3 years maximum, the lining of her womb becomes thin, as a result often women generally become stricken with pain after and during intercourse and such so that heavy bleeding occurs during menstruation by this time after. Now where Midwifery Care is concerned when this same woman or women decide after the 2 to 3 year mark which is post contraceptive. That she as a woman or they as women wish to get pregnant we must bear in mind one medical risk. Midwives have to be keen during the care for these particular female patients due to the high risk of hemorrhaging and heaving bleeding during delivering the baby which may occur due to uncomfortable urethra dilation, and bleeding in the uterus or uterine wall after the constant usage of birth control pills and possibly other forms of contraceptives. We can cure such heavy bleeding by having more doctors encourage mothers to carry their baby to full term without birth control unless the woman's circumstance is that of poverty, lack of family support or having no spouse present to act as a paternal father for the new mother and baby. In essence birth control medically is prescribed to solve a socioeconomic problem in a woman's life with its own risks.

Studies show that it is a woman's right to choose. And truly it is divinely ordained that in medical care and within medical practice it is the couple's right to make decisions during the pregnancy of a woman using such types of such contraceptives which are taken by mouth or by injection which can induce a very tender lining of the womb, again heavy bleeding and a more evasive delivery method of the baby. In cases where if the spouse of the pregnant mother is not present or if she happens to be an unwed mother it then falls on the woman's right of way to choose what is right for her and her baby, whether her child is out of the womb or yet to be unborn. At times we as doctors must know that a troublesome and uncomfortable and painful pregnancy experience due to circumstance may cause women to depend on using more and more contraceptives the next time around. Obstetricians and Gynecologists should really hone in on making every woman's trial and effort for a baby wholesome, warm, easy going and promise a safe delivery of her baby. All the worry of state laws and abortion rights force doctors to force birth control on women in certain parts of the world which can be intensely emotional for women hoping to eventually get pregnant. The average female patient knows her body very well. And knows what to feel and knows what she feels. Midwives only come in after the fact but Obstetricians and Gynecologists have a severe role to play in narrowing down on the birth control methods or finding healthier ways in Preventive Care to stop unwanted pregnancies but yet preserve our mothers for when they think its time to have a baby,

especially if they are ready for their first child.

Secondly, One must know as an expecting mother of children how to train herself to receive her new baby. Pregnancy is no easy feat but the events that lead up to becoming a pregnant mother to be determines the dispensation of how much the mother will love her baby naturally. A father, a mother or maternal mother figure and a husband along with very caring, loving and warm extended family in the life of that mother to be and in that newborn child's life gives ease to the mother during the latter stages of pregnancy and especially after delivery when and where Neonatal Care starts to take place for the new infant once he or she is born. Studies show that single mothers die earlier on or struggle in poverty just because there is not enough of her to go around without a husband or a father to her children. This is not necessarily the widow's plight however it's the cry of an unwed mother.

Maternal Psychology insists to look at the different faucets and pathways as to where a mother and her identity as a mother is either ultimately is turned on or off. Or where a mother's identity is exacerbated in a positive manner to manifest good motherhood skills and habits for her children to experience and glean from or is she as a mother faced with negative trials after or during the birth of her child or children, And if so how that mother will scientifically respond to such trials and still fend for her children for instance better yet as a single mother or even as an unmarried mother, or a married woman in response to the presence of her child or children in every given situation.

In Maternal Psychology it is our hope that all mothers are given from the date of conceiving a child the proper care and support from her husband, that women who are mothers are given the nurturing hand that close family and friends only can give and of course the acceptance and understanding from the community in which she as a mother belongs to. To uphold her and support in her endeavors as a mother in order to raise healthy children.

How does society nowadays allow women to struggle with the plight of conceiving, raising and bearing children? We need more support for working mothers and women in general. Women tend to wish to give their children a better life than they originally had when they were young girls by nature and society should allow that.

Woman don't let societal norms pressure you into being an unloving mother. Say no to bad habits and thoughts that are negative towards your child and or children as a mother or mother to be. Let the man if possible who helped you conceive these children be there by force if you must or will to help you bear those children and raise them up with his support by your side. Its only fair that men as fathers to be stick around after conception.

Women in Maternal Psychology are not less of a specie due to being or not being a mother. Every woman is a mother in her own right whether by natural conception or just by instinct. It is when a child or a newborn manifests through labour and delivery coupled with the "mother and baby" genome and or quota that a woman is fully considered a full mother. Women must build upon their motherly instincts and learn and practice motherhood in order to become great mothers, wives and homemakers.

What shall we say then when we see mothers in the Western society hooked on illegal drugs and alcohol. Well blame the American society because every woman is born with all the right tools to

make it in life in the West and abroad as a dotting wife and mother. It could be years of deprivation from local state laws that make her as sort of an outlaw to her children with a bad drug habit. From there she abuses herself and her children. And usually the father of children is not even present. This is where Maternal Psychology is stretched to a maximum. Why? The mother has ruined herself. Soiled her motherly instincts because society chosen to make a mockery and coward out of her with illegal drug abuse and the like towards her children. One ought to blame the American society that promotes this heinous behaviour on the healthy outlook of mothers who could have had a chance to be healthy but because of poor health care and social norms or just living in the wrong neighborhood; she then falls victims to a false notion and that medically is a lie. That illegal drugs help her to be a better mother by giving her a means to cope with her life These dear women are just a case study example.

When we travel to other places around the globe other than America, mother is golden. Mothers can be seen with their newborns tied with Banda on their backsides in the heart of India, and Africa and even in South America in the heart and in the remnants of poverty because the term mother is gold despite the object poverty, the bad housing laws, and other things that beset mothers in such a devastating way. Mother rings true globally. Not to negate that daughters as well ring a true blessing. Daughters should be cautioned by great mothers and or mother figures and given room to grow with out negligence or molestation from their mothers or even parents. Show me a daughter that is rising and making and impact at her school, shining with good grades and going off to college and I will tell you how gracious her mother may or may not have been [1-9].

Biography

As a woman, Sharon always thought of helping women in rural parts of Africa and even India. She saw the feat of what childbearing was in the African context with little to no medical support for the mother and baby. As a little girl she was touched. As time went on the issues of life and Maternal Health and Child Care as a calling helped Sharon N Alenda to begin to think of helping nursing mothers, pregnant mothers as well as suspecting mothers cope with their issues in Women's Health and OBGYN Care.

When we look at the various phases that women go through particularly in Ghana when a woman is said to be pregnant or known to have conceived. Nutritional facts and support for mother and baby, as well as access to health facilities with caring doctors and nurses mean everything for the mortality of the baby and mother in Ghana. Sharon has brought about the Women First Maternal Health & Child Care Initiative for Ghanaian women to benefit through private research on the best care for women and babies and more funding for Women's Health Facilities that are safe and cooperative for mother and baby in Ghana.

We would like Her Excellency Samia Yaba Nkrumah to be the shareholder with Sharon N Alenda in this Initiative to support the women of Ghana as she successfully has held a Chair in the Jomoro constituency seat at her first attempt back in 2008.

Sharon N Alenda is the Chairperson of this Women's Health Initiative for Maternal Health OBGYN & Child Care Organizational benefit to train more women in medicine & OBGYN and Care and to give the rural population actual care and service to childbearing medical attention in Africa.



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