Lamaze Childbirth among the Amish People

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Abstract

This paper is an account of the author's observation of three Amish births in 1972, one in a home and two in a hospital. This 30-year-old story illustrates normal birth among a group dedicated to "low-tech" living. Although some aspects of Amish life and birth may have changed in the past 30 years, the basic philosophy of life and birth has not. This philosophy serves as a living reminder to us that generations of women from many cultures have given birth in a similar manner.

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Editor's Introduction

Elisabeth Bing's story is presented now, 30 years later, because it may serve to remind us of how births were commonly handled several generations ago. In doing so, it may give us vision of aspects we would like to take into our future. It also may remind us of a few practices of the 1970s we are all pleased to have moved beyond, such as rushing to relocate to the delivery room.

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It all started about nine months ago, which seems as good a gestation period as any, and here I was on my way to the Amish country, hoping to get to know some of the "Plain People" and, if I were really lucky, to be able to watch some labors and deliveries and perhaps even a home delivery.

I had heard about Dr. Grace Kaiser through a friend

and colleague of mine who met her about a year ago, when my friend had camped at a trailer camp in the Amish country. The camp happened to be owned by Dr. Kaiser's husband.

When my colleague returned home, she called me and said, "I must tell you about a most interesting woman doctor. She delivers the Amish women, often in their homes, and I observed and assisted her during a couple of deliveries while we were camping in New Holland. And what do you think I found in Dr. Kaiser's waiting room . . . ? Your book, *Six Practical Lessons for an Easier Childbirth* [Bing, 1967]! Apparently, Dr. Kaiser wants all her young women to be trained. I told her that I was trained by you and we laughed about such a coincidence, and then when I attended one young mother in labor who had trained herself with your book, and I was introduced to her, she looked at me and said, 'God must have sent you here today.' "

My colleague's description of Dr. Grace Kaiser and of the Amish intrigued me immensely. So much so, that I sat down and wrote a letter to the doctor, introducing myself as a teacher of the Lamaze Method of childbirth and author of *Six Practical Lessons* . . . and *The Adventure of Birth* [Bing, 1970]. Then I asked her whether I could come and spend a weekend with her sometime to observe her work and, if possible, some deliveries.

Dr. Kaiser answered promptly, saying, "Yes, do come, but I suggest you wait until spring. The weather will probably be lovely by then."

I was delighted to receive the doctor's invitation. I had never been to the Amish country before. I had read about this interesting group of people, and here was suddenly an opportunity to meet them, to get to know their way of living and thinking, and perhaps even to share the moment when one of their women would give birth to her child in her own home. Here was perhaps something taking place that so many young women, living in urban surroundings, are wishing for today. A home delivery, giving birth to one's child in the familiar atmosphere of one's home. Experiencing the birth of one's baby in peace and serenity.

It was Saturday morning, and it was not spring, but the beginning of autumn when my husband and I drove through the Lincoln Tunnel towards New Jersey and on to the Pennsylvania Amish country. The sun was warm and sparkling, and we lowered the top of our old Ford convertible. We bypassed Philadelphia, crossed the Dela-

ware River, and turned off onto Route 23. We were close to Amish country.

The Amish, along with the Mennonites and River Brethren, are generally called the "Plain People." They are descendents of religious groups from the Palatinate in Germany, who left their homes around 1800 because of religious persecution. They settled in the United States, not only in the "Dutch Country" of Pennsylvania but also in other parts of the United States, where they were offered religious freedom. The Amish, the Mennonites, and the River Brethren are the original exiles from Germany, but these days they are again divided into the old and the new Amish people. The "old" Amish obviously hold firm to the traditional customs—religious and otherwise—whereas the "new" group basically still lives within the old traditions, but compromises with modern times enough to drive cars, although they paint the chromium bumpers black in order not to appear too shiny and worldly. They also use the rhythm method of birth control, and they occasionally buy farming and kitchen equipment.

The old and more traditional groups, however, still talk an early 19th century German among themselves. Their dress is simple. The women wear dark, long dresses covered by capes and aprons. They have no buttons, but use straight pins to hold the garments together. Women and children go barefoot all through summer, even when they come into town. In winter they wear black shoes and stockings. All the women wear their hair pulled back tightly and braided, and they wear a little bonnet all the time, even in bed. In fact, they pull their hair back so hard that they frequently appear quite bald just above their ears, where the pull is hardest. The women never cut their hair, because "a woman's hair is her crowning glory." Her head is always covered as a symbol of humility. The men wear very loose-fitting trousers with suspenders, no belts to hold them up. Their shirts are frequently homemade and even their straw hats are "homegrown" and made by hand. The Amish boys have their hair cut with bangs dropping to the earlobes. The men shave the upper lip and under their chin; they feel that a mustache has too militaristic a look.

We were certainly getting into Amish country. More horse buggies were on the road, the countryside looked fertile, almost luscious and beautifully green after so much rain this summer. The farmhouses looked simple and extraordinarily clean and tidy. There were water

mills on almost every farm and the whole landscape looked somewhat like the little toy farm my brother and sisters and I used to build and play with when we were small children in our home near Berlin.

We followed Dr. Grace's instructions to the camp and her A-frame house and soon there was a sign, "Spring Gulch Trailer Camp." We followed a winding road through the meadow, and there to the right was the red barn, and on a slope nestling against a hill was the A-frame house. We parked the car at the foot of the slope and walked up to the house. We saw a handsome woman attending a young boy, who had hurt his cheek. She put a large Band-Aid on the boy's cheek, looked up, and said, "The Bings?"

"Yes," we answered. "May we come in?"

And so, we shook hands with Dr. Grace. She is tall, well built, with the kind of lines in her face that give depth and meaning to a person. Her eyes sparkled as she shook our hands, and she pointed to an older woman standing a little in the background.

"This is Oma, my husband's mother."

Oma . . . We had not met a real Oma since ours died about 1 1/2 years ago. There is something to the old German word "Oma" that means "very special grandmother" (or at least it means that to me), and without having really exchanged a word, I felt good about this Oma.

In a thick German accent she said, "I'm from Berlin. Where do you come from?"

"Also from Berlin," I answered, and on hearing that she threw her arms around my neck and hugged me and cried, "I can't believe it, here is someone from Berlin. That's a rare occasion!" We both lapsed into real Berlin dialect, which has an earthiness that I have rarely found in the dialect of any English-speaking country.

"Are you hungry, have you had lunch?" asked the doctor, and on hearing that we could do with a little food, Oma put two large cups of wonderful Amish chicken corn soup for us on the table, some cheese, and milk and crackers. A delicious lunch.

"Would you like to come to a lecture on 'Prepared Childbirth' this afternoon?" asked Dr. Grace. "It is given by one of the Amish girls. We'll have to hurry to get there on time. She starts at 2 p.m."

Surely she did not have to ask us. We jumped up, feeling comfortably replete after our good meal and drove in the doctor's car through the Amish countryside.

Dr. Grace explained that the Amish children do not go to school beyond the eighth grade. They feel that essentially children should know their "three Rs," but that any further book knowledge is superfluous and does not agree with a simple and God-fearing life. Dr. Grace told us that Anna Mary Blank, the young Amish woman who was teaching the childbirth classes, had only an eighth grade education.

We left the paved road and turned into a farm road, at the end of which there was a small farmhouse, looking as simple and tidy as the many others we had seen from the road.

Anna Mary was in the yard, greeting the arriving young women, many of whom had come in their horse-drawn buggies, although one or two had come by car. Anna Mary herself had come in a car, as she is a River Brethren and is allowed to drive, but the bumpers were painted black.

The class was apparently given in the home of a friend of Anna Mary's, a young Amish woman who had had one child and whose family ran an organic food store on the farm.

Anna Mary is a very pretty young woman who has had three self-trained Lamaze deliveries. She felt that she had had such a wonderful experience that she wanted to help other women have similarly good labors, and that's how she started her classes. She read every book on childbirth education that she could lay her hands on, and she got pamphlets and teaching material from the Philadelphia Childbirth Education Association. As teaching aids, she used diagrams published by some pharmaceutical firm and by the Maternity Center Association, she had a knitted uterus for demonstration, and also some diagrams that she had obviously made herself, showing different kinds of uterine contractions.

Anna Mary offers two sessions in her course on Saturday afternoons, and there is no charge, although she is grateful for donations to cover her expenses. The young mothers come anytime they can and not at any specific time in their pregnancy. I was amazed at this arrangement, which is so different from the structured classes we offer in urban centers. We offer a six-week course, late in pregnancy to bring the mother as close to her expected date of confinement as possible. We feel that this is psychologically important, that the mother is most receptive at that period, less likely to get bored, and that she will certainly remember a great deal she has been

taught, if there is not too much of a time lag between classes and her labor.

Anna Mary did not have any difficulty in catching everybody's attention. The young women did not appear to be nervous or apprehensive; rather, they seemed to give each other strength and encouragement. I felt that their all-embracing faith, their simple way of life, their absolute trust in God's will must give them this beauty and serenity that pervaded this group. I wondered whether this calm and security would carry them easily through a stormy labor and delivery. But quite apart from their spiritual involvement, it was obviously too difficult for a farmer's wife to attend closely scheduled classes.

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We all assembled in a room that had a few chairs set up in two rows. One chair, facing the others, was for Anna Mary. It was a rocking chair and looked comfortable in these old-world surroundings. About 10 young pregnant women had arrived, most in Amish dress, some stricter than others. One was obviously not of the Plain People and had brought her little 2-year-old along. An obstetric supervisor from the Lancaster General Hospital had come to observe. She was a lovely woman, with a face that made one feel good. I thought it would be nice to have her around when giving birth. There was warmth and maturity in her face, and authority as well. She had brought her sister from Arizona to observe the class. And then there was Dr. Grace, myself, and Fred, my husband, who sat a little in the background. One husband had come with one of the young women and he was obviously a more modern Amish, his hair was well cut, and his beard short and neatly trimmed.

The room was simple. The walls a light blue, a rug dark blue, light wood doors. There were several calendars with pictures hanging on the walls, a sign that said,

"Keep Smiling," a family tree, and a corner cabinet with glass doors that contained pretty cups and saucers.

A clock chimed like "Big Ben."

Anna Mary said, "It's a joyful day that is coming up for you, and it's a secret what labor will be like and what sex the baby is going to be. God has meant this to be an important day!" She explained labor and contractions, she talked freely of pain, and then told them of the beautiful moment of birth for the woman who is awake and participating. The thought of God and her absolutely basic belief in God's will seemed to permeate almost every sentence.

Anna Mary gave an excellent account of the internal and external rotation of the baby's head in labor and delivery.

The young women listened attentively. They sat very straight in their chairs. Their hair was pulled back tightly under the little white bonnets. They wore no make-up, no jewelry, not even a wedding ring.

Anna Mary said, "You make your nest in bed in active labor. Just as an animal makes its nest when giving birth, so should you find your comfortable position." She continued, "It's good to lose all modesty in the hospital. You must not be ashamed of your position in labor or of grunting." And she looked up with a big smile and said, "You can be modest again after you leave the hospital!"

I looked around as she talked. Placed on the table were two books: *Husband-Coached Childbirth* by Dr. Robert Bradley and *Natural Childbirth and the Christian Family* by Helen Wessel. Also on the table was an exercise booklet from the Maternity Center Association and a birth record of the Philadelphia Childbirth Education Association.

"The cervix will relax, if you relax your mouth during a contraction!" I am delighted to hear that from Anna Mary. I've always felt there is a very strong connection between tight lips, an unrelaxed mouth, and a very tight cervix. I was pleased Anna Mary was confirming my belief. And then she demonstrated the breathing techniques and asked all the girls to try them out with her, which they all did, and she corrected them as they went along. She discussed the pushing and made them pretend to push just sitting in their chairs.

"Tell your husband," she said now, "that it is his duty to help you, practice with you, and support you in labor."

I was surprised to hear her say this. In my own classes,

I like to put it a little differently. I like to say that it is “the husband’s privilege” to be with his wife, if he so desires. In fact, I try to say that it can become a very beautiful experience for both husband and wife to be together during the birth of their child. I had never really thought of it as “the duty” of the husband. I would like to think of husband and wife as partners, sharing and working together. However, the young Amish women seemed to agree with the attitude of their teacher and accept it as absolutely normal.

Perhaps I had not realized before that the Plain People are a male-dominated people. It is certainly the husband who decides everything inside and outside the house and, of course, in this context, it is quite right to talk of the husband’s duty towards his wife in supporting her in labor. It was not an emotional sharing, but a support for deep religious and cultural reasons. How different this attitude seemed to be from our own urban way of life. The religious belief of the Plain People dictated a way of life and a structure of the family and family relationships that those of us who live outside of religious communities have not experienced. The Women’s Liberation Movement would probably find it hard to make the Amish women see their point, as among the Plain People the roles of husband, wife, and child are predetermined and very structured roles, which is gladly accepted by all members of the community.

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Anna Mary approached the end of her afternoon session. I found myself getting a little restless sitting on a hard chair for a good part of the afternoon, but none of the others seemed to mind at all.

Then everybody stood. Refreshments were served in the next room, along with glasses of cold herb tea and cookies made from organic ingredients. We all stood around and then, slowly, the young women went to their buggies and set out for home. We chatted for a little while with our hostess and Anna Mary. Then we stopped

by the little organic food store to buy some homemade bread and honey. We thanked everyone for their hospitality, and we drove off with Dr. Grace in her big station wagon.

A late afternoon sun gave the countryside a beautiful gold sheen. The shadows were getting long, and, as we drove through the little town of Intercourse, then Bird-in-Hand, we passed signs saying “Homemade Shoofly Pie,” “Mockingbird Estate,” “Samaritan House,” and, finally, a sign by a house saying “Revival Hemorrhoid Salve.” We came back to the trailer camp, the doctor’s house, where the family greeted us. We were hungry and ready to help with the cooking of the evening meal.

“Do you think you’ll have a delivery tonight or perhaps tomorrow morning?” I asked the doctor.

“There is a good chance,” Dr. Grace answered. “I have had two calls from young women in very early labor and the chances are you might even see a home delivery.”

“I will keep my fingers crossed,” I replied.

The doctor’s husband lit the fire in the big fireplace. It was the kind of evening where it felt good to have a fire, not really for warmth, as it was still quite comfortable, but just for the feeling of being right in the country, in a lovely house with good conversation around the fireplace.

I think we were all tired. I certainly felt a delicious sleepiness, and it was only with great effort that I could still keep my eyes open. It had been a full and fascinating day. Fred and I climbed the spiral staircase to our room, fell into bed, and went to sleep so quickly that we did not even manage to read our few pages of whatever book we had brought along with which to read ourselves to sleep.

I heard the telephone ring several times during the night, and each time I expected Dr. Grace to come and knock at our door. When she finally did knock, I had not heard the phone call prior to her getting up. I jumped out of bed and looked at my watch. It was not quite 6:30 a.m. I quickly put on my clothes, trying to be as quiet as possible, which was difficult in a house that squeaked at every step and that had only very thin plywood walls separating one room from the other. Carrying my shoes in my hand, I tiptoed down the staircase and felt my way in the dark to the bathroom to clean my teeth and pour some cold water on my face to wake up. Dr. Grace was already dressed and, on coming out of the bathroom, I found her waiting for me at the door.

"Hurry up," she said. "We have four girls in labor and you are lucky because one of them will be a home delivery!"

This was indeed wonderful luck. I felt my face moving into a broad grin. It must have looked like a Cheshire cat's. "Wonderful," I said, and then I was quiet, because there was that lovely charm over the countryside, which seems to happen only early in the morning. A peaceful and expectant stillness, which, strangely enough, also occurs right in the middle of the city, whenever I happen to be up so early. It seems like nature trying to make up for one's having to be up and about when most people are still asleep. And it feels good.

We arrived at the hospital, a red brick building probably built just before or after World War II, modern in its lines, though already far too small for the growing community.

The feeling of being up early before anybody else came abruptly to an end the moment we entered the hospital. There were many people and everybody seemed busy and appeared to have been up for hours. The doctor, who has much longer legs than I, almost ran through the corridors to get to the little room on the obstetric floor where we had to change into gowns. I ran next to her, trying to keep up with her large stride. We changed quickly and then entered a room with two young women in labor.

"This is Katie," said the doctor, and we stopped at the first bed. Katie was certainly an Amish girl. I noted her hair pulled back behind her ears and her small hands without the wedding band. Katie's husband walked in just then and we greeted him. He was a shy young man who looked incredibly boyish in his white hospital gown, which seemed far too large for him.

"Katie is about 7–8 cm. dilated," said Dr. Grace. "Why don't you show her the breathing technique she could use with her contractions."

So here it was. I suddenly had become part of this wonderful happening. I turned to Katie and told her to breathe with me, just as I was doing, with the next contraction. Katie looked at me and nodded and smiled.

"Tell me when the next contractions starts," I said.

"Now," she responded almost at once, and we were off on our Lamaze breathing technique—slow rather staccato breaths, increasing a little in speed as the contraction seemed to build up, keeping an even rhythm at the crest, and then breathing a little more deeply as the

contraction subsided. It did not seem to take long for Katie to master the technique. I watched her as another contraction started. She glanced quickly at her husband, who smiled encouragingly at her. Then her head turned slightly to me, her eyes met mine, she took a deep breath and without any further coaching she was breathing the rhythmic short breaths that are most helpful when a woman is in active labor. She did not take her eyes off me and, at last, I noticed her slowing down her breathing. She ended with a big sigh of a breath, turned to her husband, and gave him a big smile. He reached timidly towards her and stroked her forehead. I don't think either of them noticed that I walked on to the next bed.

Elaine was there in obviously very active labor. This was her third child. She had had traumatic experiences with her first two labors and deliveries, and one could easily spot her nervousness. Elaine had taken a couple of training lessons from Anna Mary, but she had no confidence at all in her own ability to cope with this labor, even though she seemed to be doing extremely well at this point. Dr. Grace told her who I was and Elaine seemed pleased to see me. We started working together straight away. Her husband walked in holding my *Six Practical Lessons* . . . in his hand. Elaine then asked for a tranquilizer, and Dr. Grace felt that it would do her good. She was obviously well advanced in her first stage of labor, and it would relax her enough to cope with the pushing.

Dr. Grace gave Elaine 30 mg. intramuscularly of a drug called Talwin, which took effect in about 10 minutes. Elaine relaxed markedly, smiled, and with a few encouraging words from me, seemed to regain self-confidence. She managed to ride the contractions with the breathing techniques she had learned from Anna Mary.

The doctor examined her internally, pronounced her fully dilated, and we all tramped quickly with her to the delivery room, picking up caps and masks along the way, with the doctor rushing ahead to scrub. The exciting moment had arrived. Everybody seemed very busy. The young mother in her bed was wheeled through the corridor into the delivery room, and the nurses helped her up on the table and adjusted the stirrups carefully. They put sterile leggings on her legs, and big clean sheets over her legs and abdomen. Elaine had a pillow under her head so that she could raise herself up to push. Her husband stood by her head. I breathed with Elaine so that she would not push yet. The doctor, not yet quite

ready, slipped on rubber gloves and was helped into her gown.

The telephone rang. . . . A nurse answered and called out to Dr. Grace that Rebecca Kaufman's husband was on the phone. This is the home delivery and this is Rebecca's fourth child.

"Rebecca wants to push," the nurse called out to the doctor. "What should they do?"

Dr. Grace called to the nurse, "Tell him I'll be at the house in half an hour!"

Elaine was pushing now. She had good, strong contractions. She took a deep breath first, then another one, and a third that she held. Her husband raised her head and shoulders to support her as she pulled herself up. She was pushing hard.

"Excellent, well done, you are doing fine!" Dr. Grace encouraged her.

And then the contraction was over and Elaine smiled at us, feeling good and happy with her own efforts.

"Look in the mirror," the doctor suggested.

Then the next contraction came. Elaine again took first two deep breaths, then a third one to push with. Her husband supported her back and both of them watched in the mirror. As Elaine pushed, a little of the head appeared. It's fantastically exciting to see a little of the head showing, and if it is one's own child and one's own effort that makes this child pass slowly through the birth canal, it seems about one of the most beautiful and rewarding things one can have in life.

Three more contractions occurred. Each time, Elaine and her husband watched in the mirror. Dr. Grace guided her pushing and gently, very gently, guided the baby's birth. A little girl was born, Daniella. Her color changed from grey-blue to a reddish, healthy pink. There we all were: Elaine and her husband were kissing, the baby was crying, Dr. Grace was busy tying and cutting the cord, and I was getting this lump in my throat, which comes when I am very moved and I can't say a word.

Elaine again took first two deep breaths, then a third one to push with. Her husband supported her back and both of them watched in the mirror.

The placenta came out easily. Dr. Grace gave the nurses instructions, and then she turned to me and said, "Go and change quickly. We have to get to Rebecca Kaufman as fast as possible."

We left Elaine, her husband, and Daniella in the good and competent hands of the nurses. In the other room, Katie and her husband were working well together. Dr. Grace ran out, we jumped into the car, and at 80 miles per hour we raced through the early Sunday morning countryside. It was still early, which seemed amazing. We had done so much already. Few people were about, no cars and just a horse-drawn buggy or two came in the opposite direction as we sped to the little town of Intercourse, where Rebecca and her family lived in the farmhouse they shared with another family.

We stopped the car in the farm courtyard, raced to the house . . . and the front door was locked.

"Come this way," cried Dr. Grace. "We'll get in by the backdoor."

The backdoor was open. We entered what looked to me like a washroom. There was a sink in one corner and a table in the middle . . . and that was all I noticed.

"Hello, hello!" called Dr. Grace. There was no answer, and an amazing quiet seemed to pervade the house.

"Are you sure we are in the right house?" I ventured timidly.

"Surely," said Dr. Grace. "I delivered her last baby here!"

We walked through a doorway into another room, which was the kitchen, and we kept on calling, "Hello, hello! Rebecca, where are you?" The door to the bedroom was open. There was an empty bed. Someone must have been in the bed a moment ago—the sheets were crumpled and the light summer blanket was pushed aside. An empty crib stood by one wall, a dresser along another wall, and some calendars with pictures hung on the wall.

"Rebecca! Rebecca, where are you?" called the doctor.

We walked back into the kitchen.

"Rebecca!" called Dr. Grace again.

A door opened quietly and Rebecca stepped out, smiling. She must have been in the bathroom. She was wearing a pretty nightdress, and her very big belly did not seem to make her move clumsily. She was barefoot and she walked amazingly lightly and gracefully.

"Rebecca!" called the doctor. "I was sure you would have had the baby by now. I was expecting to see it in

the bed with you. Do, get into the bed now and let me examine you.”

Rebecca climbed into her bed. The doctor expertly took some newspaper and a plastic sheet, told Rebecca to lift up her buttocks, and put this protective material under her. Then she took some old but very clean rags that Rebecca had in a little pile on the dresser, spread them under Rebecca, and then examined her.

“You are fully dilated,” said the doctor. “And you can push now!”

Rebecca looked up at us and said, “How do I push?”

She had obviously forgotten how to do it, even though she had had three children before this one.

“This is Mrs. Bing,” said the doctor, pointing to me. “She has come here to help you. She is from New York, and she helps women have their babies.”

Rebecca smiled at me, but did not say anything. So I told her to look at me and do just as I told her: breathe in, breathe out, now take a deep breath, hold it and push down towards the doctor. Rebecca was a good student. She immediately followed my instructions.

Her husband had just come in. He stood by the door watching us. He must have come straight from the fields or from looking after his farm. He was blond with long hair; his eyes were light blue. He leaned against the door, a slight figure, and smiled down at his wife. Rebecca pushed. I directed her and Dr. Grace gently delivered her baby. Slowly, slowly it emerged.

“Don’t push now,” said Dr. Grace.

Rebecca and I blew out air quickly. The head was born, then the shoulders, and then the whole baby was there—a boy, Jonas. Rebecca smiled. Her husband looked at her, at the baby, and smiled.

Dr. Grace delivered the placenta. She wrapped the baby up and put it into the crib, which I had noticed before. It was cold in the room. It had started to rain outside and there was a damp chilliness about.

“You had better have a little bit of a fire,” said Dr. Grace, turning to the husband. “It’s chilly in here.”

Then she handed the husband the placenta, which she had dropped into a little bowl.

“Go and bury it in the field,” she said to him.

Then Dr. Grace took the baby and dressed it—first a diaper, then a little undershirt, a nightgown, and a little blanket.

“Here is your baby. Do you want to nurse him?” asked the doctor.

Rebecca still had not said much. She looked relaxed and happy. She held the baby close to her and then the doctor helped her get the baby to her breast. The young husband returned, a clean bowl in his hand. He had buried the placenta.

“I must go now,” said the doctor. “I’ll be back tomorrow. This is a beautiful baby. Goodbye now, and don’t forget to light a fire. It’s chilly in here.”

It was raining now, a slight rain, a greyness that seemed to cover the fields and farmhouses and made everything seem far away. Dr. Grace did not stop to look at the weather. We ran to her car and drove again at a good speed back to the hospital. How far would Katie be in labor now? Would we still make it in time to help her with the delivery of her baby? By now, I recognized the road and landmarks. I knew we were just about to reach Main Street, we had to turn right, then another left turn, and there was the parking lot and the hospital with its straight, red-brick walls and regular rows of windows. We parked, ran through the backdoor—even the intricate corridors of the hospital seemed familiar now—and up the elevator to the third floor. We quickly put on our gowns.

There was Katie on the delivery table. She had not started pushing yet. The doctor went to scrub, and I walked right into the delivery room and greeted Katie. She seemed calm and happy to see the doctor back. Her husband, dressed in white gown and cap and mask, looked even younger than before. He stood by her side smiling, and it seemed as if he were telling her, with his reassuring smile, that everything was fine now. Katie smiled back and lifted her legs into the stirrups as the nurses quickly and efficiently draped her with sterile sheets and leggings and showed her where the handles were to hold on to. She had two pillows under her head and seemed comfortable. Dr. Grace entered the room and the nurses helped her into her gown. She slipped her gloves on and smiled at Katie.

“You can push now with the next contractions!” the doctor said.

Katie looked at me: She wanted to be told what to do.

“Take a deep breath now, Katie,” I said. “Fine. Now let it out. Now take another breath and let that one out too. Don’t rush. Now take another breath and hold it. Pull yourself up and push at the doctor!”

Katie’s husband supported her head and shoulders as

she pushed, looking hard at the doctor, as if fixing the doctor as a target.

"Katie, look in the mirror," called the doctor. "You'll be able to watch your baby come out!"

Katie looked in the mirror, which was fixed above the table, and her husband leaned down towards her, almost touching his head to hers, and looked into the mirror with her to see their baby born.

"Let the air out," I called. "Take another breath, hold it again and push out!"

Katie followed instructions. She pushed hard, even harder the moment she could see a little bit of the head showing when she looked in the mirror. Another contraction came soon after. I gave the commands for pushing; Katie performed. Dr. Grace gently eased the baby out as Katie and her husband watched the birth of their baby in the mirror.

"One more good push," called Dr. Grace. "And now stop pushing, just pant and blow now!"

I did the breathing with Katie, and there was a little gush of fluid. The head was born.

"Look, Katie!" cried the doctor. "Watch your baby!"

The doctor helped to deliver first one shoulder and arm, then the other, and the baby slipped out. And that was how John was born. Katie's husband kissed his wife gently. He had not really said anything; he seemed overwhelmed by what he had just witnessed and only his eyes showed his love and happiness for Katie.

Katie's husband kissed his wife gently. He had not really said anything; he seemed overwhelmed by what he had just witnessed and only his eyes showed his love and happiness for Katie.

Dr. Grace was expressing the placenta and, as she repaired the little incision she had made, she turned to me and said, "You had better go to the nurses' conference room now. You are supposed to talk to them and they have been waiting for half an hour."

I left reluctantly. There was still another young woman ready to give birth, and I had not even met her.

"Don't keep them waiting any longer," Dr. Grace said. "You have seen three deliveries this morning. I'll join you as soon as I have delivered the next baby."

There is not much more to tell. It was a very informal meeting with the nurses and some of the attending obstetricians. We discussed childbirth education, its value, and the difficulties of putting it across. It was a good meeting. Dr. Grace joined us after about half an hour, having delivered her fourth child that morning. We did not discuss great problems, but I had the feeling that we all wanted to communicate and hear from each other about the work we were doing.

Fred, my husband, walked in during the meeting. He sat in the back, listening. He is used to discussions on childbirth, though this work is far removed from his own work and interests. Perhaps he was hungry and wanted to see how much longer we would keep everybody waiting for lunch. I certainly realized then that I was hungry and could do with a good Amish lunch.

We drove back to the doctor's house and met members of the family, who had been busy with Sunday morning chores while we were at the hospital. And there was "Oma," ready with a good Amish soup, good bread and cheese, and some home-baked pie. It was a delicious Sunday lunch.

"I want to show you our camp before you leave," said Dr. Grace. Her husband and the children were already busy again on the campsite. Fred and I left with the doctor in her car. I suppose "Oma" was cleaning up the lunch dishes.

The camp included 150 acres of wooded and hilly countryside. It was still raining, but a good number of campers were there in spite of the bad weather. Everybody seemed busy packing up for the day. The camp looked lovely, even in the rain. There were three small lakes—one for swimming, one for fishing, and one for skating. Then Dr. Grace drove us to a big modern barn.

"They are square dancing here," she said. "Come and have a look."

We entered a large ground-floor room, which was set up as a store that sold dresses, shirts, scarves, shoes, ribbons, and many other colorful things for square dancing. A few steps up was a big dance hall where about 50 couples were dancing. On a small stage were a pianist and the dance master, who called out commands. We sat down along the wall and watched them. This was a cheerful crowd of neighborhood people, obviously having a wonderful time. They knew every step, they knew each other, and it seemed they met here regularly every Sunday afternoon.

Lamaze Childbirth among the Amish People

We watched for a little while and then Dr. Grace drove us back to our car. We had packed our suitcases and we had also packed all the wonderful vegetables that we had bought from a stand on the road. Quince, apples, cucumbers, and delicious ripe-red and yellow tomatoes.

"Thank you for a wonderful weekend," we called out to the doctor.

Dr. Grace waved back and said, "I think I'll go and do some dancing in the barn!"

We slowly headed towards the road.

Driving home, we traveled along Route 23 and soon we were on the Pennsylvania turnpike, bypassing Philadelphia, heading for New York City.

Editor's Epilogue

For 28 years, Dr. Grace Kaiser worked as a family doctor in the same region where this story takes place. She wrote a book, *Dr. Frau: A Woman Doctor among the Amish* (1986), that describes her experiences in the life and land of the Amish and Mennonites of Lancaster County, PA. In 1992, after suffering a spinal cord injury that left her a quadriplegic, Dr. Kaiser published another book, *Detour*, in which she relates her own story of personal survival and adaptation to being the patient, rather than the doctor.

An updated overview of birthing among the Amish can be found in Showalter's article, "Birthing among the Amish," published in the *International Journal of Childbirth Education* (2000). Showalter describes a current Amish birthing center in Ohio where routine labor and delivery interventions are not used and fetal heart rate is monitored intermittently. Basic emergency equipment is available, as is transportation to a local hospital in case of an emergency. Some women continue to choose home birth because of philosophy or finances. The belief in keeping things as natural as possible leads to the seeking of like-minded care providers. There is no objection to the use of modern medicine, when justified. The author concludes that a person's philosophy and religious views profoundly impact the childbirth experience.

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Slowing Our Rush Through Life

One ought, every day at least, to hear a little song, read a good poem, see a fine picture, and if it were possible, to speak a few reasonable words.

—Johann Wolfgang von Goethe

One should count each day a separate life.

—Seneca

Those who dream by day are cognizant of many things which escape those who dream by night.

—Edgar Allan Poe