Normal Birth: Two Stories

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Abstract

The author shares two stories: one of a normal birth that took place in a hospital with a nurse-midwife in attendance and another of a home birth unexpectedly shared by many colleagues. Both are told with the goal to inform, inspire, and educate.

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Introduction

We all like a great story—one that captures our imagination, teaches us about ourselves or the world, and touches our hearts. Storytelling is an ancient art that is meant to inform, inspire, and educate. In other words, storytelling has always been used to promote the values of the culture. At this time of conflicting cultural values about birth, we have an opportunity to change worldviews about birth through storytelling.

Individuals sharing their normal birth stories can teach all of us what the many variations of normal birth look like. In the Winter 2002 issue of *Genesis* (Lamaze International's quarterly newsletter), Lamaze President Charlotte DeVries used her column to talk about how stories shape us and to ask that we share more normal

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birth stories. She wrote: “Those of us who stand alongside each other in our belief that women can trust their bodies in birth have a lot of work to do. We have a lot of stories to share. . . . I challenge all of you to keep sharing your stories of strong, capable women who choose to trust their bodies in the hallowed dance of birth” (DeVries, 2002, p. 4).

Background

In 1993, Lamaze International leadership conceived a philosophy of birth, codifying the belief that birth is a normal process that remains normal most of the time when it is treated as such. The Lamaze Philosophy of Birth states the following:

- Birth is normal, natural, and healthy.
- The experience of birth profoundly affects women and their families.
- Women’s inner wisdom guides them through birth.
- Women’s confidence and ability to give birth is either enhanced or diminished by the care provider and the place of birth.
- Women have the right to give birth free from routine medical interventions.
- Birth can safely take place in birth centers and homes.
- Childbirth education empowers women to make informed choices in health care, to assume responsibility for their health, and to trust their inner wisdom.

Starting with this articulated birth philosophy, Lamaze reached out to sister organizations in a summit conference that initiated a process culminating in the development of the consensus document, *The Mother-Friendly Childbirth Initiative* of the Coalition for Improving Maternity Services (CIMS, 1996). The CIMS document offers principles affirming that birth is normal, women and their babies have inherent wisdom for birth, breastfeeding is best, birth can safely take place in or out of hospital, and the midwifery model of care is appropriate for most women. CIMS and her organization members and individual members are actively working to change the birth culture and to support, protect, and promote normal birth care. CIMS’s work is supported

by several documents. The aim to promote normal birth care is a worldwide endeavor.

In January 2000, a perinatal task force appointed by the World Health Organization met in Bologna, Italy (Chalmers & Porter, 2001). The purpose for this meeting was to define a means of evaluating the care for normal labor. Participants recognized that providers of maternity care needed such a tool in order to assess the effectiveness of their care of normal labor. The Bologna scoring system has five measures: presence of a companion at birth, use of a partogram, absence of augmentation or emergency cesarean section, use of a nonsupine position for birth, and skin-to-skin contact of mother and baby for at least 30 minutes within the first hour of birth. The development of the Bologna score has generated great interest in the maternity care community (see Box 1).

In the 1970s, David and Lee Stewart of the International Association of Parents and Professionals for Safe Alternatives in Childbirth (also known as NAPSAC) proposed The Five Standards for Safe Childbearing: good nutrition during pregnancy, skillful midwifery, natural childbirth, home birth, and breastfeeding (Stewart, 1981; see Box 2). David Stewart wrote, “Home birth is the standard against which all maternity programs must be measured—including the hospital” (Stewart, 2001, p. 13).

In London during the 1980s, Janet Balaskas began developing her own perspective that home birth is the standard of care by which all birth should be measured. She shared her ideas at the first International Conference on Home Birth, which was held in London in 1987.

Box 1 The Five Measures of the Bologna Scoring System for Normal Labor

1. Presence of a Companion at Birth
2. Use of a Partogram
3. Absence of Augmentation or Emergency Cesarean Section
4. Use of a Nonsupine Position for Birth
5. Skin-to-Skin Contact of Mother and Baby for at least 30 Minutes within the First Hour of Birth

Source: Chalmers, B., & Porter, R. (2001). *Assessing effective care in normal labor: The Bologna score.* Birth, 28(2), 79–83.

Box 2 The Five Standards for Safe Childbearing

1. Good Nutrition during Pregnancy
2. Skillful Midwifery
3. Natural Childbirth
4. Home Birth
5. Breastfeeding

Source: Stewart, D. (1981). The five standards for safe childbearing. Marble Hill, MO: International Association of Parents and Professionals for Safe Alternatives in Childbirth (NAPSAC) Reproductions.

Alluding to Balaskas' "radical formulation," Rahima Baldwin wrote, "Why is home birth the 'standard of care?' Because it shows us, without sacrificing safety, how birth can and should be physiologically, emotionally, and psychologically for the birthing woman, the baby, and her family" (Baldwin, 1992, p. 1).

With widespread concern for supporting, protecting, and promoting normal birth, birth professionals and childbearing parents need to know what normal birth looks like. Below, I share with you two stories about normal births. First, read the stories to enjoy their majesty, joy, and inspiration. Then, read them again while keeping in mind the Lamaze Philosophy of Birth, the CIMS principles, the Bologna scoring system, and the concept that home birth is the standard for normal birth.

Story #1: Normal Birth in the Hospital

[**Author's note:** In this story, "Monique and Henri" are a French couple living in Boston and having their first baby. They asked that their real names not be used. Their attending midwife is Biddy Fein (her real name), CNM. Fein is the Director of Midwifery for Harvard Vanguard Medical Associates in Boston. These midwives are part of a multispecialty group. All 14 of them attend about 1,100 births a year at Brigham and Women's Hospital in Boston. The midwives' annual cesarean rate is 8%–10% and their episiotomy rate is 2%–4%. The midwifery policy states no elective inductions of primigravidas. The birthing population in this region is socially, economically, and culturally diverse.]

Monique and Henri had come to the maternity service a few hours before Biddy Fein, CNM, and I met them at 8 p.m. when Biddy's 12-hour shift began. Biddy intro-

duced herself and me to the couple. She asked their permission for me to stay and photograph the birth. In order not to intrude on the labor, I promised not to take any pictures until later in labor. Biddy explained to Monique and Henri the possibilities of doing whatever they wanted for their labor. She had a bag full of music tapes and let them pick what music they wanted.

At 8:15 p.m., the couple took a walk for about 15 minutes. Afterward, Monique showered for about 40 minutes, then sat on a birth ball while leaning forward against the bed. At about 9:20 p.m., she asked for a rest and lay down on her right side while holding Henri's hands. Henri touched his wife constantly; clearly, he was a strong support for her.

"Do you check me?" Monique asked.

Biddy responded, "It doesn't change anything. We'll do it if you want me to."

When Monique didn't reply, Biddy said, "We'll check you when you're ready to push, if you want." I observed that Biddy seemed to know Monique's cervical dilation from her face, sounds, and activity.

At 10:00 p.m., Biddy suggested we turn the lights down and leave the couple alone for a while. The couple agreed. Monique was having good contractions, but Biddy told me later that Monique seemed to be at a plateau in her labor. The lights were already low, but Biddy turned them off in the room, leaving the light on from the bathroom. She suggested Henri could get in bed with his wife if he wanted, and we left. As we walked around the unit and spoke with other hospital staff members on the maternity floor, I perceived a feeling of calmness and patience for normal birth. Charge Nurse Tish Sullivan was wearing the Lamaze "Birth is Normal" pin, as was Biddy.

When Biddy and I returned to the couple's room, Monique clearly had progressed in her labor. Henri was in bed with his arms around her as Monique moaned and groaned. She wanted to become more active. She sat on the birth ball, then took another shower. "A seamless

"A seamless flow" best describes Monique's labor. We followed her lead, responding to her sounds and the positions she chose.

Normal Birth: Two Stories

Nearly fully dilated, Monique rocks on her hands and knees while Biddy puts warm compresses on her perineum. Henri always kept his hands on Monique. (Photo by Roberta Scaer)

flow” best describes Monique’s labor. We followed her lead, responding to her sounds and the positions she chose. She lay down again. I rubbed her feet and legs for some time, then I noticed that Monique began to shake slightly.

I quietly mouthed to Biddy, “Is she in transition?”

Biddy nodded, “Yes.”

A nurse had come and gone several times. Now she came to stay. The electronic fetal monitor strap was never attached to Monique. Instead, the nurse held it to Monique’s abdomen when she needed to monitor her patient. Monique did not want to eat or drink, although she was told she could. She stayed hydrated by eating ice and sucking a moist cloth.

Soon, Monique began to make soft, guttural, pushing sounds. Biddy told her it was fine to push. Over the next 15 minutes, Monique asked Biddy three times whether she was sure about the pushing.

“I’ll check you so you won’t be afraid to push,” Biddy said. As she checked Monique, Biddy announced, “This is no surprise—you can push.”

Biddy felt a small cervical lip on the right side, the side on which Monique was lying. Two minutes later Biddy said quietly, “There’s more cervix on the right, probably because you’re on that side. If you want it to go away, you could change position. It’ll go away, anyway. Do whatever you need to do.”

Monique decided to move onto her back with one leg

lifted and held by the nurse. After a few minutes, she said her back hurt. Biddy asked if she wanted to try a different position. No answer.

“What would you like to do?” Biddy asked again.

No answer.

“Would you like to get off the bed?”

“No, I don’t want to get off the bed,” Monique firmly replied.

“Would you like to try the hands-and-knees position?” Biddy asked.

“Okay,” Monique said. She shifted to the hands-and-knees position and exclaimed, “This feels wonderful!” She rocked back and forth, then put her head down on the bed, then pushed up with her arms, keeping her head dropped and her shoulders relaxed.

Biddy refrained from giving any directives. Instead, Monique found her own different positions of comfort. She continued bearing down a little as Biddy pressed warm compresses to her perineum.

“Oh, that feels wonderful,” Monique said.

Soon she wanted another position. She knelt on the

Sitting at the mother’s feet, the midwife empowers this couple at the awesome moment of birth. (Photo by Roberta Scaer)

padded floor, leaned against the bed, and held hands across the bed with her husband.

Monique was naturally and gently pushing. Biddy told me later that she waited until Monique's pushing sounds were "better" before she suggested the birth stool.

"Try it. If you don't like it, you don't have to use it," Biddy encouraged.

At 12:05 a.m., Monique sat on the stool and breathed, "Oh, this feels good!"

Not once did Biddy or the nurse direct Monique to push. They also never had to explain how to push. I observed that, without direction, Monique pushed beautifully, taking frequent breaths. The room was quiet and calm. The only light came from the bathroom. Monique moved her pelvis constantly as she sat on the stool. Between pushes she kissed her husband. Her baby was born at 12:35 a.m. and pulled up into his mother's arms.

Story #2: Normal Birth at Home

Coming Together

Jessica Porter (Mother and CIMS Leadership Council and Finance Chair): I have been involved with the Coalition for Improving Maternity Services (CIMS) since it was formed in 1996. Currently, I serve on the CIMS leadership council, their governing body. I enjoy the company of the other council members and always look forward to our meetings, which provide inspiration, strength, lots of laughs, and usually some pretty tasty meals.

As the host of our midyear meeting in August 2001, I was particularly excited. I had last seen everyone at our annual meeting in Texas six months before, when I was 12 weeks pregnant. It was wonderful to be pregnant among this group of inspiring women and even a few men, and I have to admit I did not mind the nurturing I received. So I was looking forward to seeing my CIMS friends again, and to basking in the glow of late pregnancy with them.

We had scheduled the meeting for the second weekend in August, when I would be in my 37th week of pregnancy. I had gone to 41 weeks with my first birth and felt pretty confident that I would not be too early this time around. My mother was planning to come from Michigan when I was 39 weeks, and I was sure that I

would not go into labor until she arrived since she had been a valuable source of support during my first birth.

Five wonderful women came for the meeting: Rae Davies, CIMS Executive Director; Barbara Hotelling, CIMS Chairperson; Deb Woolley, CIMS Co-chair; Carol Davis, CIMS Designation Committee Chair; and Pat Turner, CIMS Co-chair. Their impressive individual credentials include past presidents of Lamaze International and Doulas of North America (DONA), the current president of the International Childbirth Educators Association (ICEA), registered nurses, certified doulas, certified childbirth educators, and a certified nurse-midwife.

On Friday, August 10, I picked up Rae, Barbara, and Carol at the airport. Pat drove down from Maine. We were experiencing record heat, and they were all quite patient with my hot house, which was still cluttered with moving boxes from our recent relocation. Rae and I headed out to the grocery store to get some food for our weekend, and while there she insisted that I pick up the rest of the supplies that we needed for the home birth. I indulged her despite my confidence that the birth was a couple of weeks away. We headed home for a great dinner with friends and the beginning of a very work-intensive weekend.

That night, Matthew and Emma, my partner and daughter, headed down to Cape Cod to spend the weekend with Matthew's folks, so we women could work undistracted. We met late into the night and left a note on the door for Deb, who had a late flight and would be arriving by cab at midnight.

As everyone found a bed, I reflected on how fortunate I was to know all of these wonderful women, and what a gift it was to have their energy surround me so close to my birth. As I fell asleep, I had no idea how close that actually was!

CIMS's history is one of a series of meetings accentuated with natural occurrences that are unique and magical.

Barbara Hotelling (CIMS Chairperson): Jessica and Emma greeted us at the airport to bring us to their home for the meeting. In the midst of sporadic thunderstorms,

Normal Birth: Two Stories

we dealt with a frustrated parking policeman and delayed flights.

CIMS's history is one of a series of meetings accentuated with natural occurrences that are unique and magical. For example, Comet Hayakutake was visible overhead in the night sky for our 1996 meeting when we reached consensus on the CIMS Mother-Friendly Childbirth Initiative. This mid-year meeting would be no exception to "heavenly" events.

Carol Davis (CIMS Designation Committee Chair): I was eager for my trip to Boston because the work of CIMS is my life's work. Thunderstorms and plane delays could not put a damper on my mood. Jessica did a splendid job of showing us Boston's points of interest en route to her home. Traffic lights were out due to the storm and the grocery store of choice was closed due to no power. None of this daunted us.

We ended the initial meeting about 10:00 p.m., mindful of Jessica's approaching due date and the need for reasonable sleep hours. Before going to bed, Jessica, Rae, and I took Guinness, the family dog, for a neighborhood walk. I waited up with Barb for Deb Woolley's expected midnight arrival. When Deb wasn't there by 12:30 a.m., Barb and I turned in. Barb put a note on the door for Deb before coming upstairs to the third floor. I heard the phone sometime thereafter and thought perhaps Deb was calling to report on a change of plans or ask for travel directions. I easily fell back to sleep.

Deb Woolley (CIMS Co-chair): It had been a "dark and stormy night," although the worst of the weather had blown over Boston and out to sea by the time I reached the taxi stand at Logan Airport around midnight that Friday night. Between my fatigue, my Southern drawl, and the driver's Caribbean accent, we had some difficulty establishing exactly where I wished to be, but time and a couple of turn-around-and-go-backs got us to a street sign that I recognized as the one I wanted.

I dragged my 82-pound suitcase plus my briefcase and purse onto the porch of the house, only to discover to my horror that it wasn't a house at all. It was a small apartment building with the same number but on a different street than where I hoped to be. My cell phone was at home being charged. Sadly, but not surprisingly, none of the apartment dwellers responded to my plaintive rings on their doorbells.

I knew the correct address was somewhere "thataway," but I didn't know how far, and the street itself disappeared under tall, old trees and sparse streetlights. The alternate route I elected to go was a slightly more trafficked street. As luck would have it, the next vehicle down the road was a fire engine. It was not "running hot," so I flagged it down and told the firemen of my predicament.

"I'm not from around here; the taxi dumped me in the middle of the street; I'm not sure where to go; it's 12:45 a.m.; and I'm scared to go up that dark street by myself. Could I please have a ride to my friend's house?"

The kindly fireman said, "Lady, we're not a taxi service. Just walk up that street and you'll get there."

"Taxi service no, I realize," I said. "But your door says that you are 'Dedham Rescue Squad 2' and I could sure use rescuing."

"Just walk," he said again, as they drove off.

Step by step took me what was a very short distance (as I learned in the daylight on Saturday) to Jessica's house, where I discovered the front door open, a note on it telling me to go to bed straightaway and to plan on getting right down to work in the morning. I was so grateful to be standing inside a locked door and nearing a bed that I would have done anything for anybody. All I

Rae Davies offers encouragement during Jessica Porter's labor. (Photo by Barbara Hotelling)

needed was a nap—preferably a 6- to 8-hour, maybe 10-hour nap.

“Maybe they’ll work a little while in the morning while I sleep,” I thought to myself.

Sometime after I fell asleep, the light in Jessica’s bathroom went on. All pregnant ladies have to pee, I figured, and I rolled over to turn away from the light. The light did not go off and the noise level steadily escalated. I thought it was morning and my CIMS friends were ready to work. I stayed turned over, hoping (praying) they would ignore me.

When Rae came to say that Jessica’s bag had broken and she was in labor, I was dismayed. That was the noise keeping me awake? Good grief! It was my first weekend off call in months! Mercifully, I was transported to baby Emma’s bed, where I listened to a dampened down version of the activity for a couple of more hours.

Early Labor

Jessica Porter (Mother and CIMS Leadership Council and Finance Chair): At about two in the morning, I woke up with that familiar pregnancy urge to pee. As I got out of bed, my water broke. I have to admit my first thoughts were not at all positive as I reflected on how bad the timing was. My partner and daughter were not at home, I had five women spending the weekend, my mother was not there, and the second midwife, who was at my daughter’s birth, was still on vacation. We had just moved, and I hadn’t found the boxes with the diapers or rummaged through all of the baby clothes. I hadn’t prepared the food I wanted for after the birth, didn’t have birth music picked out, and had not mixed the aroma therapy oils I wanted for baths and massages during the birth.

For a split second, I thought about getting back into bed and waiting until at least after the board meeting to have the baby, but reality struck and I began getting ready for labor. Contractions had not really started yet, and I felt they would remain light until Matthew arrived. I tracked him down and he hopped in the car, instructing his mother, Donna, to bring Emma in a few hours.

When I talked to Ann, our midwife, I tried to explain the unusual circumstances of our household that night. I told her we had at least two nurses and a certified nurse midwife on hand, so she would have plenty of support if she wanted it!

I woke Rae, who has been a childbirth educator and labor support provider for many years, and whose friendship I valued. I knew that she had the most experience with home birth, and she provided incredible support for me that night. Matthew pointed out later that she is very similar in build and energy to my mother, and she certainly played that role for me.

After waking Rae, I tried to think of ways I could turn my energy around. I didn’t want to feel negative during the birth, but I was so unprepared I was having a hard time feeling good about it. I found my photo album from Emma’s birth, and Rae and I looked at that together. Then I showed Rae the basket that had been prepared for me at my blessing, a gathering of women friends to bless my upcoming childbirth. The blessing was a way to remind me of my own power and the power of Nature and birthing women everywhere.

Once Ann and Matt arrived, my contractions picked up. We called the friends we had invited to share the birth with us. Pat Turner woke up and offered support and excitement, and I decided to let the other women sleep until I was ready to push.

Even with all of the positive energy around me, I was still experiencing a little disappointment and feeling like I wasn’t prepared for the labor. But then I realized that there was still time to have the ambiance I had been planning. I prepared the massage oils and Matt picked out some music, and it became the birth I had planned.

Rae Davies (CIMS Executive Director): After our productive meeting, we scattered throughout Jessica’s quaint New England, three-story home and settled down to needed sleep. At 2:30 a.m., Jessica gently woke me announcing that her water had broken.

“It was not urine; I heard the pop!” she explained.

Jessica was not having contractions, and she mentioned that she really wasn’t ready to have this baby yet. She also suggested that this was my fault since I required her to get the birth supplies!

In the short time that Jessica and I had while we awaited arrivals and others were sleeping, I wanted to find out what Jessica wanted for her birth. Although the CIMS leadership members are all very skilled in birth as doulas, childbirth educators, nurses, and midwives, we were not on the original birth plan. Jessica began her instinctual preparations by first sharing her wonderful photos from Emma’s birth. She suggested what she

wanted and what she would like to see differently. Looking at the photos of Emma's birth, I saw Jessica enfolded in her mother's arms. I asked Jessica's permission for me to sit behind her just as her mother had.

Then we set out to prepare the birth room, scrubbing the tub and adjusting the environment. We also had to move Deb Woolley from the sofa bed in the room next to Jessica's—she needed this space for walking around. Deb had barely been asleep when I awoke her and announced that Jessica was in labor, that she didn't have to worry since she was not the midwife on-call, and that we would wake her for the birth.

Pat Turner (CIMS Co-chair): I was having a difficult time getting to sleep. The Northeast was in the midst of a heat wave and it was still very warm in the house, even after midnight. Around 2:30 a.m., I noticed some activity going on outside the bedrooms. The lights were turned on and the phone began ringing. After about an hour, Rae came into my room and told me Jessica's water had broken. Although contractions weren't regular at the time, preparations were actively being made for the home birth.

There was no way I could remain in bed. I got up, dressed, and helped with some of the preparations. Jessica's midwife and close friends arrived, and we gathered to assist Jessica in any way we could. We took turns supporting her through her contractions while she ambulated or rested.

It was beautiful to watch Jessica orchestrate the progress of her labor.

Active Labor

Rae Davies (CIMS Executive Director): It was beautiful to watch Jessica orchestrate the progress of her labor. She noticed contractions and watched the clock while awaiting Matt's arrival. Ann, the midwife, arrived—Jess and baby were doing great. Matt arrived quite excited and he began preparing the cameras. Contractions picked up their pace, but Jessica's nest was not ready—she was still waiting for Emma. After the excitement of the arrival of Emma and two of Jessica's friends, she began getting serious during contractions.

It was inspiring to observe the love and support from family and friends and how Jessica modeled normal birth. She moaned, creating a rhythm as contractions ebbed and flowed. She naturally demonstrated how labor had its own look, feel, and sound. Nothing compares to the intensity, strength, and power of labor and birth, and Jessica expressed it radiantly.

After a long shower with Matt and with her environment settled, Jessica was ready to have her baby. She moved to the birthing stool once she began to feel the baby's head down low.

Deb Woolley (CIMS Co-chair): When Jessica was ready to push, the pull of birth overcame me and, knowing it was all right with Jessica, I joined the pilgrimage to her room. As I entered the birth chamber, I saw the busyness that accompanies a home birth. My laboring friend was being held and encouraged in the arms of our dear and loving partner in mother-friendly birth, Rae. Other loving and beloved women floated at the bedside, murmuring words of support and confidence and affection. One stroked her own pregnant belly, while a second cooed at her own newborn girl. A third was the grandmother, a fourth the soon-to-be big sister. The father-to-be, an anomaly in the estrogen-soaked room, was nonetheless also fully present and engaged. The scope and magic of the cycles of women's lives was fully represented. The love and energy of the women was palpable—almost overwhelmingly so. I was awestruck.

Gently and quietly, the midwife began to confirm the imminence of the birth. For me, though, the noise and bustle of everyday reality faded into some other plane. What I saw—all I saw—was a strong and serene woman, glorious in her nakedness, full breasts and rounded belly flushed and dewy while she worked to bring forth a new life from within her very being. There was neither sound nor fury—simply this incredible female in complete control and yet completely surrendered to the most magnificent force known to nature. Whatever Divine Powers

Nothing compares to the intensity, strength, and power of labor and birth, and Jessica expressed it radiantly.

Jack is greeted with smiles from Pat Turner, Jessica, Emma, and Matthew. (Photo by Rae Davies)

there are in the universe were so present with us that I couldn't help but wonder whether we had transcended to them or whether they had come back to join us in the light that we must have been pouring forth. We were truly suspended in space and time, completely lost in the moment of birthing. Unfathomable peace and joy.

Birth

Barbara Hotelling (CIMS Chairperson): Around 7:00 a.m., Carol (my roommate on the third floor) awoke and let me drowse for another half-hour. I thought it strange when she mentioned extra cars outside. I figured the neighbors had company. About 7:30 a.m., Pat Turner came to let us know a baby was about to be born.

Entering the bedroom was a sensual delight. Soft music was playing. Daddy Matt was at Jess's feet as she sat on the birth stool. Rae supported her from behind. Pat was at her right side. Ann, her midwife, was ready to receive, and friends and family surrounded Jess with love and quiet anticipation. It seemed as if a light shone upon her.

Around Jess were 8-week-old Gracie and her mom, and another friend seven months pregnant. After her unusual arrival, Deb was there along with Carol and me in the doorway. Grandma Donna (Matt's mom) and Emma were nearby for support. Using her stethoscope, Emma listened intently to her mom's back.

Even with 20-plus years of attending births, this was

my first home birth. And this was the first birth where I was moved to joyous tears. It was so special being in that room . . . feelings I will never forget. Jessica was so strong and beautiful, Matt was so excited, Emma was so Emma. I will never forget Jack's coming into the world, and I can never thank Jessica enough for inviting me.

Pat Turner (CIMS Co-chair): Shortly after 7:00 a.m., while resting in the downstairs living room, Rae told me that Jessica was beginning to feel the urge to push. She invited us to her birth! At that point, I went to the third floor where Carol and Barbara were sleeping and announced the eminent birth. We gathered in Jessica's bedroom.

The room was filled with a sense of calm and love. Rae and Matt were supporting Jessica, who was sitting on the birth stool. She allowed her body to work with each contraction and ever so gently birthed the baby. Everyone was quiet. It was such a peaceful time. The baby emerged and was welcomed into Jessica's open arms.

Carol Davis (CIMS Designation Committee Chair): I awakened at 7:00 a.m. As I readied for the day, I heard a faint sound coming through the open window—it sounded as if someone might be out in the backyard. About five minutes later I heard the same faint sound again. This time I listened more closely and thought, no it is more like a light meditative moan than a humming sound. My ears perked up and my eyes glanced at my watch. Yes . . . one minute's worth of sound. Could this be why there were extra cars parked outside? Was today going to be a birthday?

Five minutes later the ever so low sound greeted my ears again. No coincidence. Pat Turner and Guinness met me as I opened the door to descend to the second floor. I started to say, "Is Jessica in labor?" as Pat said, "Come, Jessica is in labor and wants you and Barb there. She is pushing."

"Are you sure she wants us there, too?" I asked.

Pat answered, "Yes, for the birth."

I rushed back into the bedroom and touched Barb's shoulder saying, "Wake up! Jessica is just about to have the baby and we have been invited." Oh the looks of joy and surprise on Barb's face were priceless. Her eyes were so incredibly wide.

Moments after Jack's birth, Matthew and Jessica enjoy bonding with their family's newest member. (Photo by Rae Davies)

I left Barb to get herself together and entered the sitting room outside of Jessica's bedroom. I could hear some lovely music through the closed doors. Just then, Deb Woolley entered the sitting room from Emma's bedroom. I whispered a greeting and asked if she had helped with the labor. Deb explained no, that she had arrived late and been let out at the wrong address and had walked through the streets with her suitcase trying to locate the correct address, had flagged down a fire engine who would not help, and was so grateful to arrive and see the note on the door. I hugged her and said I was so sorry that she had had that fright while we were just blocks away awaiting her arrival. Then the bedroom door opened and we stepped in.

Jessica was seated on a birthing chair at the end of her bed and looked like all of the beautiful, spiritual, midwifery practice birth pictures I've even seen. She was serene and surrounded by love. Rae was draped around her from the back to cradle Jess while holding a cool cloth on her forehead and intoning, "Good, good." It took me a minute to move my eyes from Jess and take in the surroundings. Matt was seated on the floor at Jess's left knee; various women unknown to me stood nearby. Someone encouraged a woman who was seated behind Matt to move closer, saying, "It is your grandchild." Then I saw Emma sitting on her daddy's knee so peaceably watching. She was between her dad and the midwife who was quietly saying, "No, you don't have to push, you can let him just 'hang' there a bit." Jess

reached down as if to see if she could touch the baby's head. Pat Turner sat at Jess's right knee and flashbulbs were going off everywhere.

Then I heard Jess ask or say, "Now?"

A deep breath later, the baby was there and cradled across Jess's chest and arms. From behind Jess and above Matt, Rae silently mouthed to Barb and me, "It is a boy." Jessica leaned to the baby and talked softly to him. Jessica then opened her eyes, looked up and said, "Good morning everyone," while radiant with joy. Then Jess turned her baby over to see, and Emma said, "It's a baby." Emma climbed onto the bed to get a better look and to try to touch and stroke the baby. Smiles everywhere. Meanwhile, baby Jack was wide-eyed and staring at Jessica who continued her soothing talk to him in the dim light.

Rae Davies (CIMS Executive Director): There I was in the blessed position, holding Jessica while she sat on the birth stool. My view over her shoulder was breathtaking. Matt had tears streaming down his face as his baby was slowly and gently moving into his hands. Emma was at Matt's side and quite happy with all the wonderful people surrounding her. Ann, Jessica's midwife, provided quiet assurance. Pat Turner was at Jessica's side as Ann's assistant, prepared to hand her warm blankets. Barbara, Deb, and Carol were at the door providing inspirational support and taking in the miracle that was unfolding before them.

Deb Woolley (CIMS Co-chair): I was so entranced by this fabulous woman that the baby arrived almost without my noticing. Quickly folded up into Jessica's arms, the new arrival was welcomed and stroked and dried and loved and welcomed some more. Ages passed before my friend explored the necessary parts and announced joyfully "It's Jack!" Jessica then looked up at all of us standing clustered, dumbstruck in the doorway and said, "Well, good morning, everyone." With this

Quickly folded up into Jessica's arms, the new arrival was welcomed and stroked and dried and loved and welcomed some more.

greeting, the spell broke. We had a baby, a gender, a name, an apgar—and a quick return to the mundane details of childbirth. But not before the CIMS gallery announced that this “outshined the comet!”

We had to wait a bit for the placenta, but mostly we had to keep big sister’s fingers out of the baby’s soft parts. And pictures! Boy, did we have to take pictures!

Pat Turner (CIMS Co-chair): It was a weekend I’ll never forget. This was my first home birth. I will forever cherish those memories that Jessica and Matt shared with me. Birth is a beautiful part of life and one which I am honored to be involved with for 25 years as a childbirth educator.

Jessica Porter (Mother and CIMS Leadership Council and Finance Chair): During my labor, I showered, rested, laughed, and felt truly supported. When I felt ready to push, I moved into the bedroom and sat on the birth stool. After a couple of pushes, and a few minutes of restraint to avoid tearing, I birthed a healthy little boy, Jackson Connors McGuire.

As I held Jack in my arms, I looked up to see all of the love and support in the room with me: Matthew, Emma, my close friends—one pregnant and another holding her 8-week-old baby—my mother-in-law, Ann, and of course my CIMS friends. In all, 12 adults including me, and yet it was still the most quiet, sacred birth I could have imagined.

Contemplation

Rae Davies (CIMS Executive Director): I’m telling you what my eyes saw. I saw the room aglow around Jessica. Even though the lights were dim, we were all in a sacred space. We felt a miracle in our being together. This was a CIMS meeting and suddenly a baby was born to us. I felt so maternal. Maybe it’s because I took her mother’s place. Maybe it’s because Jessica is the age of my own children. To feel Jessica give birth as I was holding her, to feel the energy and warmth of the birth happening close to my body—those feelings are why I

In all, 12 adults including me, and yet it was still the most quiet, sacred birth I could have imagined.

do this doula work. They are the reason for all of us to take on this work and continue our passion.

Deb Woolley (CIMS Co-chair): The moment had passed, but the miracle of this birth warms the core of my being as I remember it, as I tell the story of it, and as I share my story with you. It will be a part of my soul forever, and I will be forever grateful to have been a part of it. Wishing blessings on you all—thank you, Jessica, Jack, Matthew, and Emma.

Carol Davis (CIMS Designation Committee Chair): We (CIMS Board members and all of the friends) left the room to give space to a very generous family and go downstairs to make breakfast for everyone. When Grandma Donna came in, she said she had been sitting outside on the porch for a minute. I sensed a need to “debrief.” I asked her if she had ever been to a home birth before.

“No,” she answered. Her eyes were glowing with tender emotion.

“Can you feel the rightness of it compared to what we were taught?”

Donna’s words rushed out, “The rightness, oh yes.”

We shared our birth stories. I had the best that was offered in a hospital at the time, but could no way compare to the mother- and family-centered beauty I’d seen today. Donna told me that she was left alone with her husband and no one came to help them, presumably because he was a doctor. Yet, it wasn’t his field and it was he who had to tell the staff that she was ready. He had not been able to be present for her as a husband and father; he had had to be the doctor. I shared my perspective on how I thought that could happen at the time, how doctor/nurse professional relationships were not collegial and the nurse would have thought herself intrusive. I told her they must have managed very well, but agreed it was an unfair burden considering her husband wasn’t an obstetrician, and even if he were.

Donna’s voice choked when she talked of how emotional it was to see her son, Matthew, and Emma so prepared to help Jessica, how serene and incredible Jessica was, and how wonderful it was to be there. I mentioned how happy I was for them all, but admitted jealousy too. Donna looked at me, questioningly.

“Despite having a good outcome and the best that the times offered, my birth couldn’t begin to compare to the level of joy and satisfaction in this home birth,” I said.

Everyone is aglow after sharing the beauty of Jack's home birth: Barbara Hotelling, Rae Davies, Matthew, Jessica holding Jack, Pat Turner, Deb Woolley (kneeling), and Carol Davis. (Photo by Rae Davies)

Donna nodded her head with a wistful look. I asked if she had any experience with children being present at birth. She answered no, so I shared what I knew about preparation, attitude, inclusion, someone to watch over them and take them out for any of their needs.

"I think Emma was very well prepared," Donna noted.

I then said that I thought that seeing the birth, experiencing no separation from her mother, and having her grandmother there would make a big difference in helping Emma absorb the reality of her new world.

Donna asked where I was from. When I told her that I was from Milwaukee, Donna said that long ago she had lived in nearby Racine. On our farewell several days later, Donna hugged me tight and said, "My Racine memories are not good. I'll tell you sometime. Thank you for giving me a positive Milwaukee memory to hold on to."

Jessica Porter (Mother and CIMS Leadership Council and Finance Chair): While Matthew, Emma, and I got to know Jack, everyone went downstairs to prepare us a large meal—eggs, French toast, and tofu sausage. The CIMS ladies packed up and moved to the Holiday Inn to finish the meeting. In Michigan, my mother packed up and prepared to fly out for a month to help us all during our transition.

Through my work as the education director of ALACE [Association of Labor Assistants and Childbirth Educators] and by supporting CIMS, I have spent most of my adult life advocating for woman-centered and

mother-friendly childbirth. I feel so blessed to have given birth twice surrounded by people who trusted my body as much as I did. For me, that is what mother-friendly birth is all about, and I thank all of you who continue to work for it on a daily basis.

Final Thoughts

Worldwide, professionals and parents are concerned about protecting normal birth. Technocratic birth—birth as an illness in need of fixing—is widespread in our maternity care systems. The media shapes public beliefs about birth by commonly offering exciting, scary, tragic stories of birth gone wrong, as if every birth must be that way. Technocratic birth for all women is supported by these fear-filled stories. Fears about childbirth lurk in the minds of women and men who make up our childbearing population.

We can acknowledge those fears and help inspire confidence in prospective parents to give birth normally. These two normal birth stories depict parents who embraced the childbirth experience with courage and confidence. Many birth professionals want to return to a model of birth as normal, as a healthy process that most of the time needs little intervention. Let's support the excellent efforts to promote the philosophy and standards for normal childbirth. Let's also change the cultural view of birth by flooding the media with normal birth stories. Storytelling can change hearts and minds.

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