Birth, Simply

Mary Gibbons

ABSTRACT

In this column, a mother describes the home birth of her fourth child, which included the supportive presence of her husband, young children, and other family members, along with the help of a midwife. The mother's experience demonstrates the advantages of normal birth and its benefits to the entire family.

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These days, most people want to simplify their lives. They want to declutter their homes, pare down their possessions, and streamline their schedules. One of the best things I ever did to simplify my life was to decide on home birth.

My fourth daughter, Cate, was my second child to be born at home. When I found out I was pregnant in April 2004, my husband Rob and I immediately contacted my midwife Miriam. The whole family was excited to see her again. My two oldest daughters, Nora and Molly, remembered her involvement at their sister Maggie's birth, and they loved the way that Miriam's approachability allowed them to feel like a part of an incredibly exciting process.

When we found out I was expecting my fourth child, Rob and I had just decided to move. We bought a new home, which needed major renovations, Nora started first grade in a new school, Molly started school for the first time, and Maggie celebrated her second birthday—so it was a relief to us that Miriam came to our home for all of my prenatal visits. Unlike giving birth at a hospital or birth center, prenatal visits for a home birth take place in the home at the times that work best for the expecting parents. For us, most visits would last about

45 minutes, and they transcended their medical relevance to become more—they were bonding experiences. Home visits laid the foundation for the beautifully simple birth of Cate. We would talk, and the girls would perform for Miriam or show her their latest treasures or pictures. They helped her listen to the baby's heartbeat and take my blood pressure—the home visit experience allowed them to be a part of everything. There was no scary doctor's office with a big table and scale and lots of people in white coats—only myself, Rob, the girls, and Miriam in our house with our stuff, our tea, and our cookies. No arranging for a babysitter or piling into the car to travel to and from an office; no trying to contain three kids in a waiting room or in an examining room. Just intimacy and comfort. Talk about simplifying. Though Miriam offered, I declined any testing, so there were no monthly urine samples, no glucose testing, no genetic testing, no sonograms. It was simply Miriam listening to me, listening to my baby, and listening to my family.

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When Miriam visited, the girls were allowed to ask questions, raise concerns, and make requests. I let their curiosity and desires drive their level of participation. Early on, Nora asked if she could be there when the baby was born. She was still upset that she hadn't seen her sister Maggie's birth. I agreed, and she let me know that if I went into labor in the middle of the night or when she was at school that she wanted to be there in time to see the baby come out. She did not care to be there for the labor, just the birth. Molly, my 4-year-old, did not want to see any blood, so she told me to have someone get her when the baby was clean. Maggie, the 2-year-old, horrified that babies arrived naked, wanted to be called after the new baby was dressed. We honored each of their requests when Cate was born. I really believe that this was key in the simple, easy transition that my family of five made to become a family of six. There was no jealousy and no resentment from the three girls when their new sister arrived. They were truly overjoyed about her—and still are, 16 months later. That made things a lot simpler, also.

After nearly five months of renovating and settling in, December finally arrived. There was still a lot to do in the house before Cate's due date, so the work crew kicked into overdrive. One night, I awoke to go to the bathroom at 1:00 a.m. and found one of the painters finishing the kitchen backsplash. With all the time being spent getting the house ready, it made things a lot simpler that there was not much fuss and "baby preparations" going on besides taking out the baby clothes and washing them, ordering a birth kit, and sending the girls to buy some new clothes with my mother, in the unlikely event that our new baby was a boy!

As Cate's birth approached, I did start to worry, not whether the house would be ready, but whether my midwife, my husband, and my mother (my doula) would arrive on time. Rob was coming from Manhattan and Miriam and my mother from Brooklyn, a good 45 minutes away. I arranged for my mother to come and help me out during the day for the week before my due date—that way, she would be there if I went into labor during the day and Rob would be there if I went into labor at night. Then I waited, and I trusted that I knew how to have a baby and that this baby would come when it was ready.

As luck would have it, the house renovations finished up just days before Cate arrived. It was a rainy night, one of those days and nights when you think the rain will never end. Rob put the girls to bed and I tried to fall asleep, but I could not get comfortable. Somewhere in my mind, I thought maybe this was it—but then realized that I'd had this same false-alarm feeling at least a dozen times in the last two weeks. So, I chalked it up to being hugely pregnant and incredibly uncomfortable and tried again to fall asleep. I tossed and turned. At 10:30 in the evening, a tremendous kick or contraction caused me to jump out of bed—I still wasn't sure which it was or even if it was both. Rob reached for the phone and said he was calling Miriam and my mom. I told him no, let's wait and see, still not trusting that labor was beginning. "I don't want them to come out in this pouring rain and drive all this way," I said. About 10 minutes later, the same thing happened. Before I could protest, Rob was on the phone with both women. "The worst that happens is they have a cup of tea and turn around and go home," he said. Still not convinced this was it, I got out of bed and began to walk back and forth in the living room. When Rob saw me pacing and shaking my hands (my trademark move when contractions become tough and transition approaches), he called his mother and sister to come over and be with the girls in case they awoke. They both arrived within minutes. For 45 minutes, from 11:00 p.m. until about 11:45 p.m., I walked. I walked from the kitchen to the living room, the living room to the bedroom, the bedroom to the kitchen. I flapped my hands and breathed, in deep and out long. As the pressure mounted, I kept heading to the bathroom. I couldn't sit long enough, so off I walked again. The house was dark and quiet. The girls slept in the room next to mine. My sister-in-law sat on the couch as my mother-in-law prayed the rosary. Rob watched me and got water for me and encouraged me. It was calm and simple. A baby was about to be born.

At about midnight, my mother arrived followed by Miriam. Miriam came through the door, peeked her head in, and with one look at me said, "We're having a baby." I wasn't able to tell when the contractions were starting or ending, just that I knew this baby was coming fast. There was no need for Miriam to check my dilation—she knew it, too. I felt most comfortable standing up and leaning forward on to the bed. I leaned and moaned as Rob kept his hands on my hips. Maggie's birth was in

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the middle of the day. It was bright and I was loud. This was the middle of the night. It was dark and I was quiet.

It was time to wake Nora, and she arrived just in time for my water to break. Nora sat on my mother's lap in the chair next to the bed. Miriam suggested I get up on the bed, and with great difficulty I got myself up but continued leaning forward. There was no way my body was going to lie down. It seemed like only seconds after I got on the bed that a head was there.

I thought the hard part was over but then... "Oww," I moaned, "that really hurts." "It's the shoulders," Miriam reminded me. Once they were out, the rest of Cate—all 10 pounds and 2 ounces of her—slid out. I was on all fours, and she lay below me, so very chubby already. I lifted the cord and cried a happy cry—another girl. Nora jumped on the bed, and seconds later she ran to wake her sisters. Grandma and Aunt Patty came in. It was 12:29 a.m. Less than two hours ago, I thought I was just uncomfortably pregnant. Now this baby was lying in the middle of my bed surrounded by her family. No matter how many babies I have, I will never lose that feeling of utter awe, that in minutes a being goes from within you to without, a living breathing baby emerges from you, is you. We admired Cate. I nursed her and drank champagne. Within an hour, the placenta came and Cate was dressed. Miriam helped me shower, my mother changed the sheets, and Grandma headed to the store for more diapers and some midnight snacks.

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It was after 3:00 a.m. by the time Miriam headed home and when Maggie, Nora, and my mother headed off to bed. Rob lay down and fell into a deep, exhausted sleep. Cate slept between us. But Molly couldn't sleep and neither could I. I was on the post-baby high—that feeling that you are on top of the world, that you can do anything. I sipped my champagne and gazed at this beautiful, beautiful girl. Molly stared at her, too, and smiled at her and caressed her. "Can I just sleep at the bottom of the bed tonight, Mommy?" she asked. "I just want to look at Cate and touch her. I feel like she's just a dream." It was just like a dream for Molly to be awoken in the middle of the night at the age of 4 years to see a newborn baby in the next room. What a wonderful, wonderful dream.

And that is the simple story of Cate's birth. A baby born in the middle of the night. A baby born at home with her family around her. A baby born in the most natural of ways. It was as simple as that.

MARY GIBBONS is the mother of four girls: Nora (8 years old), Molly (6 years old), Maggie (4 years old), and Cate (18 months old). She lives in Hastings-on-Hudson, New York, where she has recently begun teaching childbirth education classes.

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