An Evolutionary Path to Deeply Understanding the Joys of Normal Birth

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ABSTRACT

No matter how much one hears or reads about the desirability of normal birth, it can be difficult to comprehend the feasibility or magnificence of normal birth in a society where it is only rarely seen or experienced. In this column, a nurse describes how a series of “Ah-ha!” experiences shaped her understanding of and appreciation for normal birth.

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I began my obstetrical experiences in practical nursing school in the mid-1960s, taking care of moms giving birth in the twilight haze of scopolamine. These women, having been given an amnesic drug, did not know the condition or sex of their infants until hours after they gave birth. If they had any support during labor, they wouldn't have known or remembered it. It was the time of many high-forceps births. The goal of women was not to experience birth but to escape from it.

Those early experiences shaped my philosophy on how birth should be. Thankfully, things were changing, and I had two wonderful Lamaze births in the early 1970s. I still remember holding my newly born daughter and, 18 months later, my newly born son on my chest, while my husband bent over to touch them. These are cherished memories and a wonderful start for a new family.

Eventually, I became a registered nurse and initially worked in clinics and outpatient surgery. It was several years before I took advantage of the opportunity and privilege of becoming a labor-and-delivery nurse. In the 1990s, I was surprised to see the scopolamine haze replaced by what I refer to as “the technology craze.” I found myself checking the electronic fetal monitor and computer charting, even though I had received doula training to learn how to support laboring women. In a highly structured “hi-tech” environment, it is a challenge to hang on to one's philosophy of normal birth, especially when one sees very few normal-birth experiences and witnesses many births with high levels of intervention. However, I did have what I think of as my “Ah-ha!” moments during this time. The first occurred while helping one of my coworkers. We were in labor-and-delivery orientation together. When I walked into the room to help her, she said, “I don't know what to do. I paged the doctor, but he's in a C-section.” The mom was lying on her side, making the low, almost quiet noises of involuntary pushing. Lo and behold, minutes after the doctor came into the room, we had a lovely birth. I learned from this

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experience that, clearly, a woman's body can often do the work if left alone.

My second "Ah-ha!" birth was with a mom who wanted a low-intervention birth with the help of a family-practice doctor. Again, I was with a coworker, in orientation, so we had plenty of labor support. The mother walked and walked. She had a long transition but was able to have the birth she wanted. As the doctor was leaving the room, he told her he had written an order for Motrin. Recalling the woman's hard labor during transition, I quickly asked the doctor to write an additional order for a stronger pain medication. But when I offered it to the mother, she said, "No. I'm fine." She was bathed in the afterglow of a beautiful birth, with her infant in her arms. This event helped me grasp the state of mind a normal birth can bring to a new mother.

My third "Ah-ha!" birth was one of the last births I witnessed at this same hospital. I was on a late supper break. The charge nurse called me and said, "When you get back from break, I have a new labor patient for you." My break took all of 20 minutes. However, when I returned, the mother had already given birth. Another nurse had seen the woman squatting in the triage hallway and urged her to get back on the cart. However, very soon afterwards, the woman had her baby. This incident demonstrated the strength of a squatting position for giving birth. Furthermore, it supported one of Lamaze International's six care practices that support nature's plan for birth: "nonsupine (e.g., upright or side-lying) positions for birth."

THE BEAUTY OF LOW-INTERVENTION BIRTH

Later, I told my husband that because low-intervention, normal births were rare, my work was not

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satisfying. Thus, I planned to resume my nursing career taking care of high-risk, antepartum patients at a large teaching hospital. Then, a position became available at a small, holistic birthing center located across town and belonging to the same hospital system. I applied, and now I am blessed to be working in a small, holistic center where the rooms look like bedrooms, the interventions are not routine, and all the births—in addition to following guidelines set by the Association of Women's Health, Obstetric and Neonatal Nurses—are "Ah-ha!" moments.

I tell my story to make several points. First, it takes actual experiences with "Ah-ha!" births to strongly integrate their beauty and feasibility into one's understanding at a gut level. Second, it is difficult for a nurse to carry out a philosophy of promoting normal birth in an environment where hi-tech births are frequent norms. Pregnant women who may have no experience, except perhaps a childbirth class, must have an even more difficult time. Third, places *do* exist where normal birth is the norm. For those who desire such a setting, it may take an effort for nurses or expectant parents to find them, but it is worth the search.

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To view all of Lamaze International's six care practices that support normal birth, log on to the Web site of the Lamaze Institute for Normal Birth (www.normalbirth.lamaze.org).

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family and colleagues, especially for this issue of JPE. Thanks to her daughter and to a former Virginia Commonwealth University colleague and friend, Dr. Humenick prevailed over the limitations of her illness and dictated what she considered her "swan song"—her final "In This Issue" commentary for JPE—in which she offers an earnest, evidence-based message on behalf of the positive, life-changing advantages of choosing a normal-birth experience.

Certainly, Dr. Humenick's last column as JPE editor and her extraordinary effort to convey her final thoughts to JPE readers are an exceptional tribute not only to her commitment to JPE and Lamaze International, but also to the ongoing, unified efforts of so many others working together to support and promote normal birth. In the next issue of JPE, Dr. Francine Nichols—JPE's founding editor and a longtime friend and colleague of Sharron Humenick—will provide a more detailed article about Dr. Humenick's legacy as a trailblazer, scholar, mentor, and friend in the field of childbirth education and perinatal care.

In honor of Dr. Humenick's commitment to advancing normal birth around the world, Lamaze International recently established the "Sharron S. Humenick International Development Fund." Please send contributions to Lamaze International, 2025 M Street NW, Suite 800, Washington, DC 20036, or call Lamaze International toll-free at (800) 368-4404 for more information.