Midwife Learns Lessons as a Hospital Patient

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ABSTRACT

After her first-time experience as a patient in a hospital, a midwife and childbirth educator reflects on the vulnerability and dependence of women who undergo operative birth. Continuous support for these women during the early postpartum period is imperative. Childbirth educators are encouraged to advocate for these women's needs and to teach them how to advocate for themselves.

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I am a midwife. Not the kind of midwife who comes up through the ranks of nursing, but the kind of midwife who comes from a deep distrust of the Western world's style of medicine and interventions, especially as it applies to women's health, pregnancy, and childbirth. Even before I became a midwife, I chose to give birth to my two children out of the hospital, being much more afraid of what might happen to my baby or me because I was in a hospital than of the fear of the pain of childbirth. Pain and I have lived and worked together for many years, much of that time in my first career as a professional dancer. I am well versed in the "alternative" modes of bodywork therapies and, in years past, there was no question in my mind that I trusted these therapeutic methods more than doctors and pharmaceuticals.

So, after trying to deal with a painfully arthritic right hip with everything except Western medicine and seeing my mobility decline and my pain increase, I nervously decided to work with an orthopedic surgeon who has vast experience with professional dancers. Three years ago, he recom-

mended that I have a hip arthroplasty (replacement), but at that point I was not yet in enough pain to choose surgery. I knew it would be the absolutely last resort for me. However, as time passed, I couldn't walk a city block without pain, and dancing was becoming a distant memory. I had to take the risk and go for the surgery.

I chose a hospital that specializes in orthopedic surgery and has a reputation as an amazingly efficient organization. For anyone who has ever had to wait for an office appointment or diagnostic service, the service at this hospital seems otherworldly. Staff members go out of their way to make each patient's experience pleasurable, recognizing the patient as a paying customer who deserves to be treated with respect. For example, while I was waiting to go into the operating room's preparation area, my employer called to request my signature for some paperwork. A receptionist overheard my conversation and generously offered to get paper and pen and to fax the document for me. Also, physicians routinely entered the family atrium to let family members know what was hap-

pening, when it was happening, and how the operations had gone as soon as they were completed.

Although everything went smoothly after I arrived at the hospital, it felt completely surreal to be the patient. It was almost like having an out-of-body experience, watching myself as I brought in a woman to the hospital after laboring with her at home for hours. I remembered to bring the extra pillows, my slippers and robe, pictures of my kids and husband, honey, tea bags, and bendable straws. Was this what it felt like for women who go to the hospital for a planned cesarean birth?

I shed my street clothes for a hospital gown. The nurse inserted the intravenous tube, the anesthesiologist interviewed me, and the surgeon checked in to see if I had any last questions. The informed-consent discussion for the combined spinal-epidural was as sparse as I usually hear on labor and delivery units, but this time there was no concern about the baby's heart rate, the slowing down of contractions, and the cascade of interventions. It was clear that I had to trust that the hospital staff knew what they were doing and were very good at their jobs. I began my journey as a patient. For the first time, anesthesia would be my friend. There would be no mourning or sense of defeat at the loss of another "natural" birth and no heartache that some women feel—that I always feel—when a laboring woman is rolled into the operating room.

I had informed the anesthesiologist that I was a "medication virgin." I also told him that I had received the sedative Versed once for a colonoscopy and remembered it with pleasure. When I was rolled into the operating room, I became a little teary and scared. The anesthesiologist, who was the only one with me, asked if I felt a little anxious, and I said yes. I watched for about 3 seconds as he pushed the Versed into my intravenous tube. The next thing I was aware of was waking up in the recovery room and seeing the look of relief in my husband's face that I was alive. I never had any awareness of having an arterial line, urinary catheter, or the epidural inserted, let alone the surgical procedure of cutting me open, removing part of my femur, and inserting an artificial hip joint!

From the beginning, I couldn't help but think about what it must be like to have cesarean surgery,

to be in so much pain and yet thoroughly aware of everything being done to you. I didn't have to sit still to get the epidural inserted while having excruciating contraction pain; I didn't have to watch someone put a catheter in my urethra; I didn't hear the hubbub of conversation among all the staff involved in the surgery; and, most important, I didn't have to worry if my baby would be all right.

My time in the hospital after the operation was a great deal less satisfying than my experience before surgery. Many hospitals are challenged with nursing shortages, and this hospital was no different. Change of shift twice a day was a time when it was nearly impossible to find a nurse, and the rest of the day was spent waiting to get someone's attention for pain medication or help moving. As in many hospitals, if you did not pay for a private room, your partner, friends, and family members were obligated to leave at the end of visiting hours. My visitors were asked to leave at 8:00 p.m., a very early hour. Even though I knew what to expect, I felt vulnerable and isolated, and it was continually disarming to feel completely dependent upon the staff.

Each day brings a little more strength and a little more independence, and I know I will improve gradually. Just as I advise new parents to celebrate an achievement every day, I celebrate the small improvements each day of my recovery. But the memory of those first few nights alone in the hospital remain with me, and those memories will inform my teaching for the rest of my career. I feel incredibly fortunate that I did not suffer any problematic sequelae from the surgery or anesthesia, and I am thankful that the personnel involved in my surgery are all experts in their fields. Western medicine has its advantages, which I cannot help but acknowledge and appreciate fully, with the caveat that this knowledge be used in the appropriate manner, for appropriate reasons.

I pride myself on being a thorough childbirth educator, but this experience has shown me how inadequately we prepare women who go through operative birth for the enormous support needed for recovery from surgery. Although I had less mobility than a woman who has had a cesarean, I didn't have to deal with one or more newborns needing to be held, fed, and comforted, and I certainly didn't have to deal with the emotional and hormonal fluctuations that are overwhelming to a new mother.

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throughout their pregnancies, labor, and postpartum period. But women who have a cesarean have an urgent need for an advocate and support person present with them the whole time after surgery. They should be given every opportunity to obtain help with attending the baby and starting the recovery process and to receive adequate pain medication and assistance getting out of bed, walking, and going to the bathroom. Babies and their mothers need to stay connected, so there must be someone to lift the baby, hold the baby, and help the new mother learn how to comfort and feed her baby at all times of the day and night. It is inexcusable that all postpartum rooms do not have accommodations for the mother's support person. No one can expect a nurse in a busy unit to provide the continuous emotional and physical support each new mother needs. Most women have someone who is willing to do the job, but in many hospitals, restrictions make it impossible for this support to occur without the incursion of enormous, often prohibitive, fees for a private room. Results from study after study demonstrate the benefits of no separation of mother and baby, but I cannot imagine a new mother who would take on the responsibility of a newborn alone in a room with her when she may not even be able to get out of bed by herself.

Women rarely internalize the fact that they may end up with an operative birth; thus, few make any preparations for dealing with the physical and emotional sequelae. Healing takes an enormous amount of sleep, good nutrition, sage advice, and unlimited emotional and physical support. In addition to the physical recuperation, some mothers deal with the fact that their bodies did not work in the way they had hoped for—namely, a progressive labor and

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vaginal birth—and they need someone they trust and can talk to about their labor experience. Also, they must immediately move on to mothering and may not have the education or knowledge of what to anticipate, especially with breastfeeding.

It is essential for our health-care system to provide new mothers with the most humane postpartum care possible. In my childbirth education classes, I have always encouraged prospective parents to anticipate the need for a support system for the period immediately following birth. However, after my own first hospital experience, I learned we must not only stress support systems more in childbirth education and prenatal care, but also advocate on behalf of our clients and encourage them to advocate for themselves by demanding adequate support systems in hospitals.

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WTo access a free download of *The Rights of Childbearing Women*, visit the corresponding link on Childbirth Connection's Web site (www.childbirthconnection.org/rights). This statement outlines a set of basic maternity rights that Childbirth Connection has identified and promotes for all childbearing women. Many women do not have knowledge of their maternity rights. Consideration and respect for every woman under all circumstances is the foundation of this statement of rights.