Rowen's Birth Story: His and Her Versions

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ABSTRACT

In this column, a father and a mother each share their unique version of their son's natural birth.

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Do you have a birth story that illustrates the power of normal childbirth and encourages women to give birth with confidence? We invite you to submit your story for possible publication in The Journal of Perinatal Education. Please send your story or query to Judith Lothian, Associate Editor (Jalothian@aol.com). Also, check out the "Giving Birth with Confidence Blog" and "Normal Birth Forum" links at Lamaze International's Web site (www.lamaze.org).

RUSSELL: DAD'S VERSION

The day had been like the rest of recently past weekends—days moving things around the house and reorganizing to accommodate the new nursery and the substantial amount of toys (mostly Lamaze) that had already arrived. That evening, we had the neighbors over for a glass of wine and some “stinky cheese.” They brought their 2½-year-old and their 5-month-old. The 2½-year-old has a passion for stinky cheese that may be unrivaled outside of France. Anyway, it was a lovely evening and, aside from the discomfort of overindulging in cheese, a pleasant night.

Rachel did not sleep well because of the aforementioned cheese indulgence, but other than being partially awakened by her stirring, I slept well. When I woke up the following morning, Rachel was sitting up in bed looking at me and, as soon as my eyes opened, she exclaimed, “I want pancakes.”

We got our dog, Mazie, and went to one of our favorite brunch spots in Georgetown. Rachel said she had been feeling a little crampy from the cheese and had not slept well. After brunch, we went for a walk to a coffee shop and to stroll by the Potomac River. Rachel moved slower than the past weekend. She said that she felt like the baby was situated lower than he had been. Nevertheless, she was able to make our usual 1½-mile loop by the waterfront.

After our walk, we returned home. Rachel's cramps were still bothering her, and she wanted to relax. I had to finish my to-do list, which included packing the bag for the hospital. Rachel believed that our trip to the hospital was going to be right on schedule for the following weekend. The bags were packed and everything was looking pretty good.

We had an appointment that night at 8:30 with our midwife. The appointment went well. The midwife told Rachel that she was in early labor and that she expected it to progress for the next couple of days. She did not check to see if Rachel was dilated because Rachel was talking through the cramps, and the midwife said that, when you are having contractions, you will know it. Her advice was for Rachel to go home, take two Tylenol, and get a good night's sleep, so she would be rested for labor.

“I Need You”

We left the midwife, and I dropped Rachel and the dog off at home and went to get tacos. I came back with the tacos at 10:00 p.m. and found Rachel tidying up around the house. We finished dinner at 10:30 p.m. I put some groceries away while Rachel went upstairs. At 10:45 p.m., she called me and said, “I need you.” I told her that I needed 10 minutes to finish putting the groceries away and straighten out

the kitchen. She said, “You don’t understand.” I asked for just 5 more minutes.

When I went upstairs, Rachel said she was having contractions and that her back was hurting with each one, so I rubbed her back and started timing the contractions. They were about 1 minute and 50 seconds apart, and each lasted 50 seconds. Because they were so close together and lasting so long, I promptly diagnosed them as more cramps. I told Rachel to lie down and try to sleep. The lying down did not work well at all, and she was quickly back up, sitting on her ball and her bolster pillow in search of a comfortable position. We went upstairs to our loft, which Rachel uses for yoga and has more room to stretch out. Before we went upstairs around 11:00 p.m., she told me to call the doula and let her know what was happening. I did so reluctantly, thinking that it would be better to let the doula sleep so she would be rested when the baby arrived in a couple of days.

We were upstairs for about 15 minutes when Rachel, with a bit of a panicked look, exclaimed that she needed to go to the bathroom, which is located down a steep flight of stairs from the loft. I won’t get into the details of what happened, but after I remembered to start breathing again, I realized that we had reached a turning point—no more thoughts of how tired I was going to be at work the next day, just, “Holy [expletive]! This is happening tonight!” We got back on the phone with the doula, who reassured us that we were still in very early labor and that everything was normal. She spoke with Rachel, who calmed down a bit and said she would call the doula in a couple of hours with an update.

About 45 minutes later, at 12:30 a.m., the doula called to say she was in a taxicab with her equipment and would be at our house shortly. I said, “Great!” She explained that when she had talked earlier with us on the phone, she heard a sense of urgency in Rachel’s voice that Rachel and I had not even realized. As we waited for the doula’s arrival, Rachel tried many positions and did her yoga breathing. I massaged and put pressure on her lower back. The doula arrived just before 1:00 a.m. She helped Rachel change her breathing technique and took over the back massage. After about 20 minutes, Rachel said she felt like she wanted to start pushing. At this point, the doula called our midwife for backup. The midwife lives a few minutes driving from our house, and we both live about 20 minutes from the hospital, so she decided she would stop by the house and we could follow her to the hospital.

The midwife arrived just before 2:00 a.m. (We later found out that she got pulled over for speeding.) I gave her a quick update. She went upstairs to see Rachel. After a few minutes of talking and contractions, she had Rachel lie down and checked her dilation, which was 6½ centimeters. In the meantime, I ran up and down the stairs, gathering the multiple bags, bolsters, and pads and loading them into the car.

To the Hospital

The car was loaded, the dog was crated, and the only thing left to do was to get the wife from the house to the car. Going down a flight of stairs was a major undertaking. It took about six contractions for Rachel to get to the car. At one point, she exclaimed that she didn’t want to have this baby in the street. The front passenger seat in the car was reclined. Rachel knelt on the seat and faced the back seat, where the doula sat. As I drove and rubbed Rachel’s back, the doula helped her breathe, and the midwife remained on speakerphone from her car in front of us.

The 20-minute drive to the hospital down one of our pothole-laden Washington, D.C., streets actually went smoothly. Rachel remained focused and was fairly quiet as she breathed deeply and calmly. Over the speakerphone, the midwife first offered composed reassurance to Rachel and, in her next sentence, screamed at me not to stop for the approaching red light. We later explained to her how speakerphones work: While calming the mother-to-be, you cannot reprimand the father-to-be without ruining the mood.

We arrived at the hospital at 3:00 a.m. and left the cars at the front door. We had already registered, so we made it to the labor and delivery room without too much trouble. Rachel walked the whole way, with only a few stops. I had almost as much trouble as she did, with the five bags strapped to me, along with the mat and bolster. I must have looked like a displaced and terrified Sherpa.

After we checked into the room, the nurse did the fetal heart monitor for 10 minutes or so. Everything was fine. The midwife checked Rachel’s dilation; she was 9 centimeters. Rachel moved into the bathroom, with the doula close by, while the midwife and I left to park the cars. We returned at approximately 3:30 a.m. to find that Rachel and the doula were still in the bathroom. I put an icepack on Rachel’s shoulders and fed her a few small cubes at a time.

Rachel stayed in the bathroom until about 4:10 a.m. We could see the baby’s head, so the midwife instructed us to move to the bed. The midwife pulled a big mirror in front of the steeply inclined

No drugs, no needles, no doctor, no bolster or any of the other stuff in our bags—just a woman giving birth naturally. It was amazing!

bed, so Rachel could see what was going on. After pushing for about 10 minutes, the midwife said, “Rachel, reach down and get your baby.” Rachel gave a big push and leaned forward to grab Rowen under his arms. She pulled him up on her chest. He gave out one big cry and, then, calmed right back down. He stayed on her chest, with little interruption, for 45 minutes. After this time, the nurse did the eye goo and weighed and measured him (6 lbs. 12 oz). That only took a couple of minutes and, then, Rowen was back on Rachel’s chest for his first feeding.

No drugs, no needles, no doctor, no bolster or any of the other stuff in our bags—just a woman giving birth naturally. It was amazing!

RACHEL: MOM’S VERSION

Saturday, November 8

A lovely fall day—the crepe myrtle tree outside our bedroom window looked like it was on fire, glowing with the colors of fall in Washington, D.C. Russ and our dog, Mazie, went to the office while I set off to accomplish a few errands. I’d already been told to limit my activities a bit, so I set three goals—go to the store to return some baby-related items (and get ice cream along the way), stop at the dog boarding facility to arrange a backup plan for Mazie, and make a few dinners to freeze for after the little one arrived. That night, I had a hard time sleeping and felt a bit crampy. I didn’t think much of it—actually thought it was because I ate too much cheese with our friends the night before!

Sunday, November 9

Sunday morning. Russ, Mazie, and I went to a café for brunch. Afterward, we bought a coffee and went for a walk along Georgetown’s waterfront. We returned home at 1:00 p.m. I had been planning to go over to my neighbor’s house for a girls’ gathering but decided at the last minute that I wanted to stay home. Still light cramps periodically, but again, I just figured that this is what it feels like when you are a week before your due date—large and uncomfortable and crampy. I e-mailed my midwife and my doula to let them know. Both of them indicated that what I was feeling was a good thing for this phase of the pregnancy (exactly one week before our due date) and that I should keep drinking water and getting rest. I finished up the after-

noon by leisurely packing the hospital bag, while Russ finished the car seat installation and went to the grocery store for my freezer meals.

Sunday evening. I telephoned my mom and mother-in-law and mentioned my crampy feeling to both of them. At this point, though, everyone was focused on my appointment with the midwife later that evening to see if my blood pressure was back in a reasonable range, indicating that I could work at my job one more week before taking leave.

At 8:30 p.m., I had my routine weekly visit with Whitney, our midwife, who was pleased with my blood pressure. She listened to “Lil Nu Nu” on the handheld Doppler and estimated him to be 7 pounds. She told me to go home, take two extra-strength Tylenol®, and try to sleep in case the cramps intensified and I ended up going into labor in the next few days. Whitney commented that, in her opinion, “You’d *know* if they were contractions. You wouldn’t just be saying, ‘Oh, there’s another one, here comes another one.’ You’d *know*.”

By 10:30 p.m., the cramps were stronger and more frequent. I was upstairs, trying to finish my items on the to-do list, while Russ was putting away the groceries. Eventually, I asked him to come hang out with me because I was feeling weird. At this point, Russ thought we were going to bed and was a bit exasperated because he wanted to finish putting away all of the groceries.

After Russ came upstairs, I asked him to time one of the cramps, both its frequency and its duration. After telling him when the cramps were starting and ending, I remember looking at his face and noticing that he looked a bit confused and concerned. The cramps were sometimes 2 minutes apart and lasting from 45 to 60 seconds. Russ was waiting for the progression most often seen in the movies—contractions starting at 15 minutes apart and then 10 and then 5, and so on. Frankly, we skipped all of that, or maybe it was going on during the pancake-portion of our day—but we had never done this before and had no idea! After trying to go up to the loft to watch television, I was too uncomfortable and wanted to be in or near the bathroom.

By 11:00 p.m., I asked Russ to call Heather, the doula. He thought I was a bit silly, but he agreed to call her. I told Heather about the “cramps” and how frequent and long they were. She said that it sounded very early but that everything was going well and that we should call her when the cramps became more regular. She suggested that I get some rest.

Between 11:00 p.m. and 12:30 a.m., I was in the full throes of regular contractions. I still thought that they were early cramps and, instead, I was more preoccupied by the crushing pain in my lower back. Lying down was not an option, and I spent most of the time on my hands and knees and in a squatting position while draped over the side of the bathtub. I also used breathing techniques that I learned in yoga, which helped me to stay relatively calm and go inward as the contractions intensified. At 12:30 a.m., I talked to Heather again over the phone. We decided that she'd come to our house at 2:00 a.m., unless she heard from us before then.

Monday, November 10

When Russ and I had decided to have a doula, we both imagined that she'd come to our house when we were in early labor to help us have a comfortable experience at home for as long as possible. We had massage oil, snacks, playlists on CDs, and yoga tools for what we imagined would be a several-hour experience at our house before going to the hospital. Our "Lil Nu Nu," though, seemed to have other plans for our birth experience.

Heather arrived at 1:30 a.m. and explained to Russ that she'd heard something in my voice during our telephone conversation that made her think she needed to collect her things and get in a taxicab to come over. I immediately relaxed further when she arrived. She knew exactly where to push on my back and what to do to help ease the pain. After half an hour, Heather called Whitney, our midwife, to give her a heads up. I heard her tell Whitney that I was "pretty active" and that it seemed like I was getting close to wanting to push. I remember thinking to myself, "Push? Am I really to that stage? Is this really it?" By this time, I was propped up on the bathroom floor, leaning over the side of the tub.

Because Whitney lives closer to us than to the hospital, she decided to come to our house to evaluate my progress instead of meeting us at the hospital. She arrived at 2:15 a.m. and watched me for a few minutes before moving me to the bed so she could examine me. I was petrified she was going to say that I was at 2 or 3 centimeters—I think I would've given up right then and there if that were the case. When Whitney checked me at 2:30 a.m., I was at 6 centimeters. She immediately said it was time to go to the hospital.

Of course, by now, leaving the house and getting to our car in an orderly fashion was not an easy task. Russ ran around like a chicken with his head cut off,

trying to load all of our items into the car. After weeks of leisurely making lists, packing the hospital bag, and securing snacks and supplies, we were lucky that Russ had time to put Mazie in her crate and grab his car keys. Meanwhile, Whitney was on a mission to get me out the door and to the hospital. On the way to the car, I had to stop at least three times, dropping down to my hands and knees. At one point during a contraction, I remember being on the sidewalk on all fours and saying, "I really don't want to do this in the street." Whitney was supportive, but she firmly directed that as soon as the contraction was over, we were moving again. She is typically very laidback and relaxed. This time, though, I picked up a sense of urgency in her voice. I knew that if Whitney was eager to get to the hospital, it was *really* time to go.

Whitney drove her car, leading the way to the hospital. Russ drove our car and followed Whitney. I was in the passenger seat, on my knees, facing the back of the car. Heather was in the backseat, giving updates to Whitney on the speakerphone. Whitney was able to hear my breathing and sounds via the speakerphone. She encouraged me to stay calm, to relax, and to trust that what was happening was exactly what was supposed to be happening. Instead of telling me "don't push" (I couldn't have stopped pushing if I tried), she told me to focus on "short shallow breaths out." Russ and I both thought it was comical how Whitney calmed me with her relaxing voice over the phone and, in the same breath, screamed at Russ not to stop at the red light and to *just keep going*. Later that day, Russ suggested that someone needed to explain to Whitney how a speakerphone works. But the truth is, we both heard the message we needed to hear from her over the phone. Russ also told me later that the road was riddled with potholes, which made our high-speed drive to the hospital all the more harrowing; but I don't think I noticed any of it along the way.

After a 15-minute drive, we arrived at our destination. We all walked into the hospital, with Whitney leading the way. We had already completed the necessary paperwork in advance and, because we were with Whitney, who had also called ahead, her top choice of nurses to work with on natural births was waiting for us.

Making my way down the hallway was laborious, and I stopped a few times to drop down on my hands and knees. I was less than quiet by that point, and I remember feeling sorry for disturbing other patients who were sleeping or trying to relax. We entered the

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first room; however, Whitney noticed a strange noise that would be annoying, so we left for another room. Room 2 had a nurse sleeping in the bed. I'm all about ambiance but, at this point, getting set up in the hallway was starting to sound pretty good. Finally, Room 3 was the magic number. As it turned out, it was the same room where a friend and his wife (the couple that referred us to Whitney) had their son.

We settled into our hospital room soon after 3:00 a.m. The nurse attached the fetal monitor for the requisite 10 minutes of monitoring. I was allowed to stand, and Whitney and the nurse accommodated what I needed to do to stay comfortable. I don't remember getting on the bed and being checked, but I do recall Whitney and the nurse concluding that I had gone from 6 centimeters to 9½ centimeters during the car ride to the hospital and was "almost ready to go."

Because of the pressure, I wanted to sit in the bathroom. While Heather helped me move to the bathroom, Russ and Whitney left to park the cars and bring in our bags. The months of making lists and envisioning the props I wanted to use for the birth of our son went out the window as Russ ran to park the car and return with the bare necessities in an attempt to not miss our baby's birth. For about 45 minutes, I sat on the toilet, holding on to the safety bar attached on the wall and to Russ's arm and Heather's hand.

After I got settled in the bathroom, there was always a cool cloth on my head, and water was always right at my lips. At my request, the lights were turned off. Whitney lied down on the floor with a flashlight when she needed to check my progress.

I remember looking over someone's shoulder out of the bathroom to see Whitney lying in the chair with her feet up and her eyes closed. I remember thinking, "Wow, are you comfortable? Can I get you anything?" The truth was, there was nothing for her to do at that point. My body was doing the work on its own, and I had two supportive coaches in the small bathroom with me, Russ and Heather, while Whitney calmly watched and gave gentle directions from the chair.

Russ got his first glimpse of our baby when he saw the top of Rowen's head reflected in the toilet's water. Finally, it was really here! Russ, Heather, and Whitney helped me to the bed for the final minutes

of the labor. I lay on the bed in an almost upright position for about 5 minutes and seven pushes. I remember a burning sensation and lots of pressure, but I was still able to get my breath around the contractions and relax into them. At 4:24 a.m., less than 1½ hours after getting to the hospital, Whitney said something I will never forget: "Rachel, reach down and grab your baby." I didn't stop to think about what she was saying or wonder how in the world I'd do that; instead, I just sat up and reached down and grabbed Rowen under his arms and pulled him onto my chest. Whitney, Russ, and Heather helped and served as spotters. Rowen's little eyes looked right into mine, as if to say, "Hey, I know you," which I think is the first thing I said to him. He let out a few cries—just enough to reassure everyone—and Russ did a quick count of fingers and toes.

Russ and I couldn't stop looking at this little face that stared up at us with an expectant gaze that seemed to say, "Okay, now what? You've been waiting for me your entire life and talking about almost nothing else for the last year, and here I am. Now what do we do?" We quickly decided on the name Rowen—Irish for "little redhead." Even if his hair turns out not to be red or to stay red, we were confident that this feisty little guy would live up to the redhead stereotype.

We had approximately 2 hours of time with Rowen before we had to move. He was weighed in our room, and Whitney kept the eye drops out and helped to preserve our first few hours with our son. Russ cut the cord, and I held Rowen while Whitney did a few stitches, which was just slightly more painful than the actual birth process. (Whitney's theory is, if you have labor without drugs, you can do about anything—I strongly disagree, and would've happily taken some sort of pain medications during the stitching.) After Rowen and I had about another hour or so of skin-to-skin time, including his first breastfeeding, Rowen spent some skin-to-skin time with Russ, which was really special.

We moved to our postpartum room right before the unit's shift change at 7:00 a.m. Russ and I took turns calling our moms on the phone. They were thrilled, but a bit shocked, because we had talked to them less than 12 hours before, with no idea that labor was near, let alone underway. Just over 24 hours later, we left the hospital to return home. I felt great, and I didn't come down from my adrenaline rush until about 4 days later, when I crashed from lack of sleep.

As of this writing, 6 months after Rowen's birth, we have a happy, healthy, baby boy who is 29 inches tall and tips the scales at almost 19 pounds, up from

6 pounds and 12 ounces at birth. Our “little guy” is clearly a great eater—after 6 months of exclusively breastfeeding Rowen, we are adding fruits and vegetables to his diet, much to his delight. Each day seems to bring a new adventure and a new glimpse into the little boy he is growing into. Watching Rowen experience the world with his huge eyes and big smile makes all of the tasks that go with being new parents worthwhile. I love that he loves to give kisses—big, giant, wet ones that we call “sloppy joes.” The kid is wallowing in love, and it’s so cool to watch him turn around and give it to others.

From the yoga to the doula and, of course, to our rock star midwife—we couldn’t have been more happy with the results of our birth experience. Even though I work in health care and know the statistics, I was still astounded by hearing the stories in my new-mom’s group: Out of the 11 of us, only two had vaginal births and only a handful were able

to avoid NICU stays and other complications. Russ and I consider ourselves truly blessed to have had an amazing natural birth and to have a happy and healthy baby boy. Our birth experience wasn’t exactly how I planned it, but it was the perfect introduction to parenthood—take deep breaths, do your best, and then let it go.

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A casual survey of www.RateMD.com [a well-populated ratings site] reveals that many patient postings focus more on the doctor-patient interaction than on the quality of care. “Patient outcomes, whether we like it or not,” remarks an orthopedic surgeon, “are strongly related to psychological factors, so doctors lacking in people skills should be alerted to this.” A cardiothoracic surgeon adds, “Let’s face it. It’s a consumer society and how we treat people is part of our product.”

Some MPC contributors admit that not all patient criticisms are groundless. “How many of us do not even look a patient in the eyes?” remarks a critical care physician, who admits that he often is glued to the computer screen or a patient’s chart. “There are a lot of physicians out there who are frankly very arrogant, even with colleagues, and are especially demeaning toward patients,” comments an MPC contributor. “Most people are good natured,” adds a radiologist, “and if they receive a positive experience, they will tend to reflect it.”

One internist views the proliferation of online patient comments as a wake-up call. “If I were still practicing, I would welcome my patients to comment. As I see it, one of two things would happen: [the postings] would become a source of referrals, or I would learn something and my skills would improve. Either way I would be better off!” (para. 11–13)

“I don’t think we should criticize patients without asking ourselves if there’s something we should have done better,” says a neurologist. “I want to be a better doc next year than I am this year, and I hope that even sour-grapes patients can help me get there.” (para. 15)

I was pleased to read what these physicians had to say, and I hope that opinions such as theirs are foils to those who decry the reality of consumer ratings and are averse to transparency in health care. As Wendy Budin wisely predicts, Internet rating systems will indeed be the “norm” someday, especially if true health-care reform becomes a reality.

In the meantime, I must speak briefly about *The Birth Survey* (a project launched by the Coalition for Improving Maternity Services) and give it a deserved boost. *The Birth Survey* stands as a fine example of an effective ratings site for maternity care, and embodies the best standards for collecting information and disseminating it to consumers. This project is a real first. At the survey’s free and easily navigable Web site (www.thebirthsurvey.com), mothers can input their varied birth experiences at the one end, and parents-to-be can retrieve ratings of local providers and facilities at the other end, nationwide. It’s an invaluable and ever-growing resource that already posts statistics from the health departments of nine states, with more to come. As of this writing, almost 18,000 surveys have been initiated. I urge all mothers who have given birth in the last 3 years to log on and take the survey, or support this effort to promote choice and transparency in maternity care by volunteering, downloading promotional information from the site, or e-mailing a friend to spread the word.

JACQUELINE LEVINE is committed to providing a continuum of care to underserved women in Long Island, New York, where she teaches free Lamaze classes and provides free labor, birth, and breastfeeding services to all the women in her classes at Planned Parenthood of Nassau County. She is a contributing author to the Lamaze e-newsletter, Building Confidence Week by Week, and a Marketing Ambassador for the Grassroots Advocacy Committee of the Coalition for Improving Maternity Services.