A Vaginal Birth After Cesarean, Attended by a Family Member Midwife Serving as Doula

Kate Burkhardt Brandt

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ABSTRACT

In this column, a mother and her doula describe the strategies used during pregnancy and labor to maximize the success of a vaginal birth after a previous cesarean surgery.

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KATE'S STORY

I come from a natural childbirth family. My father's sister is a midwife and a midwifery educator with a Doctor of Public Health degree. Also, I grew up hearing the stories of my own and my brother's births, in hospitals but free of medical interventions. When I became pregnant, there was no question I wanted a natural childbirth and, after looking into it, my husband Chad heartily agreed. We read lots of books and took a natural childbirth preparation class. We had an obstetrician who supported our wish to avoid medical intervention as much as possible. We took the hospital tour, and when they talked about cesarean surgeries, we whispered, "Thank goodness that won't be us." We were wrong.

My daughter Lindsay was born in August 2006. My water broke at 37 1/2 weeks. The doctor wanted us to come to the hospital immediately, but I negotiated for an extra 4 hours. By the time we got to the hospital around midnight, my contractions were regular. I labored from midnight until about 3:00 p.m., sitting in the tub or swaying with Chad. At that point, I was drained and discouraged, and I

agreed to the epidural they had been offering again and again. Pitocin and an internal fetal monitor came next. I got to 10 cm and pushed for about 2 hours, but the doctor said my daughter was "transverse arrest"—her head wouldn't turn. Then they said she was in distress, based on the fetal monitor. Almost exactly 24 hours after my water broke, my firstborn was extracted by cesarean surgery. It took another half hour for the doctors to sew me up, while all the while I was strapped with my arms out in a lethal-injection position. When I finally got to hold Lindsay, I was so groggy that I begged my husband to make sure I didn't drop her.

I'll never know whether Lindsay could have been born without surgery. I really do believe the doctors and nurses were supportive, within the confines of their medical mindset. We were at a hospital that prides itself on handling high-risk cases. Thank goodness there are such places, but that wasn't me. From the moment we arrived, they were pushing Pitocin and the epidural. The staff didn't seem to know how to support natural childbirth. As Chad said later, no one had any suggestions while we were

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).

laboring naturally, but as soon as I got the epidural, they were full of advice.

I carried a fair amount of guilt after the surgery. Rational or not, I felt I had let my baby down. I was sheepish about telling my birth story, which seemed to me like a tale of defeat. I even had a hard time saying I “had a baby,” since I never felt as if I had actually delivered her. Breastfeeding was tough to get established. Then, when Lindsay developed intolerances that led to diapers filled with more blood than stool, we learned that babies born by cesarean surgery are more likely to have this type of gastrointestinal problem. The physical recovery was uncomfortable, but the stress of thinking my daughter’s life started off on the wrong foot was worse.

When we learned we were expecting our second child, I knew I wanted a vaginal birth after cesarean (VBAC). I joined the International Cesarean Awareness Network to gather intelligence on local hospitals and practices. I did research and decided on the midwives’ group at another local hospital. I also asked my Aunt Pat, the midwife, now retired, to come to Chicago for labor support.

My water broke on a Friday night at about 8:45. Contractions started almost immediately and soon they were coming hard and fast, about every 2 minutes. I spent a few hours at home walking with Chad and then standing in a warm shower. My aunt was there to give advice and check the baby’s heart rate a few times. Around midnight, she checked my dilation for the first time. I was at 6 cm, and we decided to go to the hospital. By that time, the contractions were truly overwhelming.

When we got to the hospital, the midwife on call got us immediately to a labor and delivery room, no triage. Then we spent the next several hours in labor. I spent almost the entire time holding on to Chad and swaying my hips, usually sitting on the bed to rest between contractions. He was amazing, talking me through each one, telling me how wonderful I was and how my body was working exactly the way it was designed to.

Pretty quickly, the contractions became even more intense with the urge to push. At that point, I went from quietly letting them wash over me to very loudly vocalizing with each one. It was a relief to figure out that three or four loud grunts would get me through each one. It was also a relief to realize that I had some, limited, control. If I really needed to rest, the next contraction would hold off an extra several seconds, or if I felt ready I could let it come right then.

At some point, the midwife checked me for the first time and said she could feel the baby down in the birth canal and very close. I’m grateful she didn’t check me earlier, so I never got hung up on how far dilated I was or when transition was happening. Knowing that it was all over but the pushing was a great feeling, even if the contractions still felt much more intense than what the books described for the post-transition stage.

I started squatting with each contraction, supported by Chad. We pushed until the baby’s head was emerging. At that point, the midwife was concerned about the pressure on my perineum and suggested I do the last pushing in the bed. I got on the bed for the last three or four contractions, and then he was out, less than 8 hours after my water broke.

Michael Burkhardt Brandt was born on Saturday, May 2, at 4:32 a.m., 8 pounds, 14 ounces, and 22 inches. I got to hold him immediately. Breastfeeding came easily. The whole experience was amazing. His birth was exactly the one I’d hoped for. I had some tearing, and I definitely felt like a wrung-out dishrag the next day. But I’m so happy I was able to bring him into the world with the best start I could.

What made the difference the second time around? I believe it was all about putting myself in the best possible environment. Being surrounded by people who weren’t afraid of labor in all its messy, intense glory. Having gentle support that facilitated rather than tried to circumvent the natural process. I wish I had sought that environment for my first birth. I wish I had understood how strongly the medical system is arrayed to channel childbirth down the path it is most familiar with. I will always cherish my first birth for the beautiful daughter it gave me and for the lessons it taught me. And I will always be grateful to my amazing husband Chad, my wonderful Aunt Pat, and our fantastic midwife Darcie, the heroes who made Mike’s birth a dream come true.

AUNT PAT’S STORY

My two nieces have had first babies, both of which were cesarean surgeries. To me, this outcome was no big surprise, given the rate of cesarean surgeries

Readers may recognize “Aunt” Pat Burkhardt as one of the midwife experts featured in Ricki Lake’s film, *The Business of Being Born*. For information on *The Business of Being Born*, visit <http://www.thebusinessofbeingborn.com>

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in the United States, especially for first babies. The next hurdle for these young mothers, if they chose to have another baby, was how to maximize the likelihood of a vaginal birth, if that was their choice.

One of them decided to have a second child and wanted to have a VBAC. So, here is my side of my niece's VBAC story. First, she had to find a health-care provider who not only "allowed" VBACs as part of the practice, but one who also supported and enhanced the possibility. Kate found a seven-midwife practice that was a hospital practice but functioned in a private practice manner. In the main, this worked well, but there were two physician-dictated requirements: Continuous electronic fetal monitoring had to be conducted during labor and spontaneous labor had to start by 41 weeks gestation. Thus, at the 40-week visit, a cesarean was scheduled, just in case! The midwives provided guidance to Kate regarding these two restrictions.

The multiple strategies for enhancing the spontaneous start of labor included acupuncture, chiropractics, exercise, and the usual—raspberry tea and evening primrose oil. Also, in the week before Kate's due date, we began to think about castor oil. Because she began labor on the evening of her due date, this last option was unnecessary.

To maximize the possibility of moving freely in labor and staying vertical, two elements that facilitate vaginal birth, the plan was to stay home as long as possible. Thus, my role as home doula: supporting and encouraging with words and hydrotherapy, checking fetal heart tones with a rented Doppler, and assuring adequate calories and fluids. Kate's husband was with her every second of the process, so my role was a bit more removed, but still essential to instill confidence that all was well and that they were managing beautifully. A contraction pattern of every 2 minutes made the labor process progress well. Kate remained standing with feet wide spread,

moving from side to side in a slow "birthing" dance. After 3 hours or so, I decided she had probably progressed well, but wanted to be sure before we moved to the hospital. Her cervix was 6 cm dilated and 80% effaced, and the fetus was at 0 station. So we slowly packed up and headed to the hospital.

On arrival, we were met by the midwife on call, who greeted us with a smile and a relaxed attitude. She heard my "report" of labor status and proceeded to allow Kate to continue her dance with monitor belts in place. At one point, Kate looked at me and said, "I've hit a wall." A few words of encouragement from me, and continued support from her husband and midwife, got her past this hurdle. About 2 hours after arriving at the hospital, Kate began making that wondrous grunting sound that is part of pushing. She continued doing what her body wanted her to do. An hour or so later, the top of the baby's head was visible. Kate continued to stand, rock, and push as her body dictated. For the final few pushes, the midwife saw vulvar edema developing and wanted to reduce the perineal pressure between contractions, so she suggested that Kate get on the bed so she could lean back.

Kate's son was born into the calm and loving hands of both midwife and mother, 7 1/2 hours after labor started. When all was settled after the birth, we passed Michael around. As I looked at him straight on, I noticed that his head was higher on the left than on the right, which was a bit of molding and a probable sign of asynclitism, which was "managed" quite successfully and physiologically by Kate's standing and rocking her pelvis with a side-ward, continuous motion.

Kate and her husband were both tired, but delighted that they were able to do what they had set out to do. At one point during the labor, they questioned why babies so often, when left to their own devices, come in the middle of the night. Obstetricians ask the same question and come up with different solutions to avoid the issue!

After reading my side of the story, Chad took issue with my view of being "removed" because he was so present and there for Kate. He and Kate said my advice and presence gave both of them the constant reassurance that everything was on track and they were "doing it right," not to mention the confidence that they had an advocate who would look out for their best interest if there were any complications or hospital issues. There weren't any, but they went in anticipating that the baby's positioning might cause challenges, and they wanted to be in

a better position to make decisions with my advice if it came to that. My presence made Chad feel like he was freed up from worrying about Kate's health or the baby's so he could focus just on being there for Kate (a big difference from last time, when he worried the whole way through).

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