Birth in an Ordinary Instant

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ABSTRACT

Our daily lives are a series of ordinary moments and unnoticed thresholds—times that define us in ways we often do not give much attention. While we consider childbirth to be one of life’s extraordinary events, the hours of labor and birth need not be dramatic (or traumatic) ones. I describe a quiet, well-supported birth in the Netherlands that is cause for celebration of the beauty of an ordinary instant that can define and enrich the human experience.

The Journal of Perinatal Education, 19(3), 4–7, doi: 10.1624/105812410X514378

Keywords: Netherlands, home birth, kraamverzorgster, Eyjafjallajökull

Life changes in the instant. The ordinary instant.

– Joan Didion

Our days are made up of a constant chain of thresholds, moments that mark “the place or point of beginning; the outset” (The Free Dictionary, 2010). Each morning is a threshold into a new day, but most of our daily threshold moments go unnoticed. We are aging every day, but it’s the 40th or 50th or 60th birthday that feels like a threshold, as if that birthday party is an actual crossover into a new life stage. And then there are the thresholds that appear unexpectedly, in the “ordinary instant,” like our firstborn phoning one afternoon from across the Atlantic to say she’d met the man she wanted to marry. We were delighted, but we also knew our lives were changed in that instant: There would be no simple Sunday night suppers with our daughter and her future family. If, in the years ahead, we wanted to share a meal with her, we would have to do some serious travel.

For me, it has been a year of thresholds of the “ordinary instant” variety. In June 2009, we flew

to Leiden—the Dutch city of Rembrandt and tulip fields—to witness our girl’s marriage and see her settled into life and work alongside her husband. These threshold moments continued, including the death of my father (after a good and full life) and the announcement at a family gathering that my daughter and her husband were about to make us first-time grandparents.

Over weekly Skype encounters, we watched the baby grow in our daughter’s belly. We heard the details of the midwife practice they chose, along with the ordinary news of Saturday street markets; bicycling to catch the morning train for work; their purchase of stroller, bed, and diaper bag. The weeks ticked off on the calendar as we began our mutual countdowns. Flights were booked and plans were made for us to be present at her April 2010 home birth. My younger daughter would arrive from Vermont on her sister’s due date; I’d follow a couple of days later.

And then, in an ordinary instant, as our departure times came into view, so too did the news of the previously unheard of Eyjafjallajökull, the

A father's take (Merijn): Though I was initially opposed to having a home birth (not the tradition in my family), I am so happy we chose to be there. Being able to go through this life-changing experience in the sanctity of our own place was not only great during labor but will stick with us for the rest of our lives. Being at home with the professional guidance of a midwife and maternity nurse gave us the autonomy and safety to really make it our birth. From the moment the call was made to go to the hospital, that feeling of both autonomy and safety was gone for me. We had been "in charge" just minutes earlier, so it was hard to see how the medics took over all the decisions. While it was the right decision to go to the hospital where the personnel were professional and followed protocol perfectly, protocol can be very different from that sense of safety we had at home.

unpronounceable Icelandic volcano that for us will forever be linked to our first grandchild. Enough ash ended up spewing into the atmosphere to close air travel in northern European skies for days. Flights were cancelled, rebooked, and cancelled again. Airline executives were as frustrated by the

Our daughter, Anna, and our granddaughter, Mae, with the *kraamverzorgster*, who has skillfully provided her services for more than 20 years to more than 800 newborns and their families. Medical sociologist Edwin Van Teijlingen of Bournemouth University, U.K., has written extensively about the Dutch maternity home care assistant profession in the Netherlands (*International Journal of Nursing Studies*, Volume 27, Issue 3, 1990).

The Dutch don't have a baby shower tradition. Instead, there are *kraamvisits*, individually scheduled visits from well-wishers who are served traditional anise seed biscuits. The *kraamverzorgster* helps keep traffic flowing and company fed while protecting mother and baby from too much activity.

money they were losing as we were with the closing of our window of opportunity to be witness to this baby's birth.

With each phone call, we watched our daughter's threshold moments opening up. The readers of this journal don't need much in the way of details of a first-time mother's labor and birth. Hers was a wonderfully ordinary series of moments in the hours leading to it all—long walks, lunching in the sun by a canal, stopping along the way for her gathering contractions. The birth tub was filled and waiting back home as the couple settled into the patient work of labor. After a long night of walking and water time, the couple made the morning call to their midwives, as contractions grew close and strong. The midwife arrived and did our daughter's first internal check of the whole pregnancy. Good news—she was 6 centimeters dilated and completely effaced.

Anna [our daughter]: It was a beautiful morning and the sun was streaming into the kitchen. Between contractions, I could hear the clucking of our neighbors' chickens and the song of the birds that gather on our backyard tree—very peaceful and calm.

The contented Mae: A recent UNICEF report rated Dutch children the most fortunate children out of 21 industrialized countries. The study by the United Nations' children's organization examined relative poverty, educational and health standards, and the children's relationship with friends and parents. The United States ranked 20th, with the United Kingdom coming in last.

But after 2 hours of pushing in the birthing pool and on a birth stool, Anna's strength and contractions began to wane. "You are so close. Let's go in to the hospital and get a little help," the midwife suggested. Being a car-less couple, moments later Anna and her husband, Merijn, were transported by ambulance and welcomed to the small neighborhood hospital, where the obstetrics staff stood ready to help, using a vacuum if necessary.

Anna: In the ambulance, I had a few more contractions, and when we got to the hospital they kept coming strong. They got me up on the table in the labor and delivery room, and the hospital midwife examined me and then inserted a catheter, because they thought that a full bladder might be blocking Mae's descent. To be honest, that was the most painful part of my whole labor!

The Dutch way of doing pregnancy and birth, with its emphasis on normalcy and patience, is strikingly different from the American model. This is

why, despite the miles and volcanic ash that separated us, we were glad she was having her baby in the Netherlands, where it was less likely that she would be swept away in a cascade of interventions. And though the gathered hospital staff was prepared to help ease our granddaughter, Mae, into the world, the obstetrician running the show said, "Let's give her a little more time." Lidocaine was administered for the episiotomy that often accompanies a vacuum-assisted birth; but before any cutting could be done, our daughter announced: "I have to push!" And push she did. A moment later, baby Mae was in her arms—sans episiotomy, sans vacuum—all 8 pounds, 14 ounces of her.

Anna: I remember seeing Mae's back, and then she was put on my stomach, and Merijn was crying and I was crying and Mae was looking at us with big eyes. Then she peed on me. Twice. It was definitely love at first sight!

It was shortly after 2:00 p.m. on a sunny Monday in Leiden. Back in Michigan, it was morning, and we were waiting at the kitchen table with a candle lit after our son-in-law had called to alert us to the decision to move Anna's birth to the hospital. Our long-distance anxiety was brief. Less than 12 minutes elapsed between his first call and his second, joyful call from the hospital. We could hear baby Mae mewling on her mama's chest. And voila! We became bona fide grandparents, grateful and humbled and longing to be on the other side of the ocean.

After a few moments, the hospital staff stepped out of the room to give the couple an hour of uninterrupted time to meet and hold and adore their new daughter, who, almost immediately, began nursing. Within a few hours, the three of them were back home. While they were at the hospital, their house had been tidied and made ready by their *kraamverzorgster* (the maternity home care assistant who'd been with them during labor and who would help and advise them in the early days of their "fourth trimester"). It's a patient and quiet dance that goes on between this assistant and the new family, a service covered by insurance and used by about three-fourths of Dutch mothers, no matter where the birth happens. She would be with them every day for the week ahead to teach and answer questions; to help with breastfeeding needs, mother and baby care, cooking, laundering, cleaning, and serving the family and the friends who would visit;

and to calmly guide a new family into the ordinary instances that lay ahead.

When the midwife visited a few days after the birth, she explained that up to half of first-time moms who choose to give birth at home end up transferring to the hospital before the birth. And for subsequent births, more than 90% of those women end up choosing and having a birth at home. All had gone well; all would go well the next time.

We birth folks know that, for decades, Dutch midwives have modeled safe and healthy birth in a world of medical systems that are defining pregnancy and birth more and more as an illness needing medical intervention. Consider the shape of things in the Netherlands, with its population of 16.6 million. (The country is the size of the State of Maryland, but with more than three times the people!) Of the more than 180,000 Dutch babies born annually, about 28% of them are born at home (Centraal Bureau voor de Statistiek, 2010). There are about 2,500 Dutch midwives currently practicing. About 70% of pregnant Dutch women start their care with a midwife, and about half of the women end up having a midwife attend their birth. Only 2% of Dutch women who begin their labor under the care of a midwife end up having a surgical birth (De Vries, Wiegers, Smulders, & van Teijlingen, 2009).

Compare all of this to the United States, population 300-plus million, with about 4 million babies born annually, a home birth rate of less than 1%, and I don't have to bring up the American rate of surgical birth (just shy of one-third of all births). Here's one more interesting observation. For every Dutch obstetrician, there are about 5–6 midwives; while in the United States, for every midwife, there are about 8–10 obstetricians. No wonder these two countries view labor and birth through such different lenses.

As the Dutch are known to proclaim: “So!” So: “Eyjafjallajökull” (which translates “island glacier”—

a pretty ordinary name for the big deal it turned out to be) ended up keeping us out of the skies for close to a week, but we finally arrived on Dutch soil to meet 5-day-old Mae. As we sprawled on our daughter's bed, the *kraamverzorgster* came upstairs to serve us from a tray laden with cups of coffee and *beschuit met muisjes* (biscuits and mouse-yas or “little mice”—colored sprinkles, pink for a girl, blue for a boy), a Dutch tradition of hospitality and, amusingly, also a symbol of fertility. Muisjes are really no more than sugar-coated anise seeds; but it turns out that anise is a wonderful herb used for, among other things, establishing a new mother's milk supply.

There we were, gathered on our island bed—the skies blue and clear of ash, the sun streaming in the windows to warm us all—as we enjoyed the good cheer of this remarkable family moment and celebrated our extraordinary volcano baby, the gift who came into the world, into our lives, in an ordinary instant.

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