Dayton William Dix's Birth Story

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ABSTRACT

In this birth story, a young mother relates her experience of moving beyond fear of labor and birth and developing confidence in her ability to give birth without an epidural. Knowledge and support, including the support of a doula, during the last months of pregnancy helped this mother change her plans for the labor and birth. This story highlights the importance of continuous emotional and physical support and how knowledge and confidence set the stage for a satisfying, safe, and healthy 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).

Mike and I were married on February 3, 2008, which was also my parent's 40th wedding anniversary. We always knew that we would start trying to get pregnant shortly after our marriage. We were pleasantly surprised when we found out that I was pregnant on my mother's birthday, October 22, 2008. Our child's due date was June 26, 2009. Ironically, it was the same date of Mike's father's death 18 years prior—the circle of life.

I had a very easy pregnancy. It was a wonderful time. The only trouble I experienced was in my second trimester (January–February). I kept getting sick—two bouts of a stomach virus and then bronchitis. Luckily, after I recovered from this streak of bad luck, it truly was smooth sailing for me. I continued working out with a trainer at the gym, doing cardio and attending Pilates classes. I kept this workout routine until I went into labor. The other bit of luck I had was that my project at work wrapped up in mid-June, which allowed me to focus mainly on my health, to rest, and to prepare for the big day to arrive. My days were filled with going to the gym, meeting friends for lunch, getting prenatal massages, reading, and frequenting a friend's pool.

This trend of good fortune also came to fruition when Amanda Moore came into our lives. My good friend, Ashley, met Amanda when she went to the zoo with neighbors. Amanda mentioned she was a doula and was looking for her first “hands-on experience.” Ashley immediately connected Amanda to me. The only concern I had was that I had never considered going through labor without an epidural. My assumption was that doulas were very focused on natural births. I wanted to make sure that Amanda was comfortable with the fact that I would likely elect to have an epidural. Amanda expressed that she was supportive of birth plans that best fit each individual, regardless of whether the plan for birth was “natural” or not. My husband Mike, Amanda, and our animals all seemed to connect very well, and we never looked back. I could not be more thankful for the streak of luck that brought Amanda into our lives.

Our reliance on Amanda quickly grew. Mike and I attended a useless childbirth class through our ob-gyn's office. The instructor was extremely blasé and rolled her eyes and snickered with the rest of the

attendees on anything that was not the standard “just-leave-it-in-the-hands-of-the-doctors” approach. The class had three sessions, and I found myself getting more frustrated and aggravated with each session. On the other hand, our meetings with Amanda were very inspiring. She immediately began working to change my fear mentality that formed after seeing many of my friends have cesarean surgery after cesarean surgery. In fact, my company’s moms’ group in Houston had 15 members that had mainly given birth in the past year, and 80%–90% had ultimately had cesarean surgery. Something just did not seem right about these statistics. I started questioning what I could do differently to not have the same result, and Amanda was the key to giving me the confidence and the belief that I could do it.

To combat this “fear mentality” I had about labor, Amanda showed Mike and me videos of fulfilling natural birth experiences. Of even more impact was her suggestion to read two books: *Ina May’s Guide to Childbirth* by Ina May Gaskin and *The Thinking Woman’s Guide to a Better Birth* by Henci Goer. The birth recaps in Gaskin’s book made me realize that women from all backgrounds can experience fulfilling natural births, and that it is truly what our bodies were meant to do. If they can do it, I could do it! *The Thinking Woman’s Guide to a Better Birth* did just that—it educated me to the pros and cons of various labor interventions so that I could go into my own labor understanding my options. It allowed me to feel like I was informed going into this major event in my life. Amanda successfully (and actually quite quickly) gave me the gift of feeling more in control and confident in what my labor could be. In May, I had nightmares about labor. In June, the nightmares quickly transitioned to confidence, peace, and a great appreciation for what was ahead of me. I could do it.

I never considered changing ob-gyn when we found out I was pregnant. I had been with my doctor for 10 years, and we always connected well. In addition, she was the doctor that first identified that I had hyperprolactinemia, which was caused by a microadenoma on my pituitary gland. I felt like she had always done well for me in the 10 years I had been with her. Unfortunately, as my pregnancy progressed and my thoughts transitioned from pregnancy to labor, I quickly began to realize that my doctor’s approach to the labor experience differed from my own. The hospital policy and hers included the following:

- No food or liquids (including water) during labor in the case I need an emergency cesarean surgery

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and have to be put under general anesthesia, because of the risk of aspiration. “It’s a policy.” Everyone who knows me recognizes that I carry a water bottle with me all the time and, if my water glass at a restaurant gets close to being empty, I begin to feel anxious.

- Full-time fetal monitoring. Per the doctor, “You never know when the baby could go into distress.” My concern is that would full-time fetal monitoring increase the likelihood that the doctor would unnecessarily find a reason to justify a cesarean surgery?
- Required intravenous fluids (because I’m not allowed to drink water—like, that makes sense?) “It’s a policy.”
- If my water breaks, I must immediately go to the hospital. When I questioned the doctor about this, she told me that she has seen umbilical cords trailing on the floor behind women who do not come into the hospital immediately after their water breaks. My concern is that if my water broke as the first sign of labor and I went immediately to the hospital, how soon would it be until they put me on Pitocin to speed up labor, likely increasing labor pains and ultimately increasing the likelihood of a cesarean surgery? Once again, most women I knew that were put on Pitocin—or, in fact, had an epidural—ultimately had a cesarean surgery.

In short, although I really did like my doctor for general gynecology, I realized that I did not trust her when it came to my labor. Unfortunately, it was only 6 weeks until the due date, and I felt like the anxiety I would have if I pursued finding and switching to a new doctor this late in the game was more significant than staying with this doctor who I did not necessarily trust. I ultimately had to come to terms and accept that the hospital and doctor were going to do what they felt comfortable doing, and I had to relinquish control. I could ask for what I wanted by writing a birth plan, but I realized they would not support me in many aspects of that plan. The fear about labor that I initially had was gone, but it was replaced by a fear of the hospital and doctors who were not going to allow me to do what I knew my body could do on its own, given the right environment.

DAYTON'S BIRTH EXPERIENCE AND MY LABOR

While I was sleeping in the early hours of July 2, 2009, I was aware that my lower back was aching. It was simply something I was semiconscious of. When I woke up around 6:30 a.m. and got up for my morning routine of walking the dogs, eating breakfast, and so forth, I also acknowledged that I had some cramping but nothing significant. I also noticed that I was constantly running to the bathroom. I now know that this is your body's way of cleansing itself in preparation for birth. I mentioned all these "symptoms" to my husband.

A few weeks earlier, Amanda and I had begun to meet every Thursday morning to go for a walk together. It was Thursday, and I went to Amanda's house around 7:45 a.m. to walk with her and with her two beautiful children. A bit into the walk, I mentioned that I was feeling cramps, and she asked if I minded if she timed them. Up until that point, it had not even occurred to me that these cramps could be cyclical contractions. After about 10 minutes, Amanda noted that I was having contractions every 3 minutes for 10–20 seconds. I was in early labor. Upon our return from the 2.5-mile walk, Amanda suggested that I go home and get some rest. She would call me around lunchtime to check in.

Wow! I was in early labor! How exciting! I called my mom on the drive home from Amanda's and gave Mike the news in-person when I got home. I camped out on the couch with my computer and called Ashley to let her know. Ashley came over around lunchtime to spend some time with me and give me some support. Around that time, the contractions were starting to become more noticeable. I would sometimes have to take deep breaths as they came over me, but I was still feeling calm and relaxed.

We had a previously scheduled ultrasound and doctor's appointment at 3:00 p.m. for my 40th-week checkup. As the time neared, I mentioned to Mike that we should pack the car in case the doctor made us go to the hospital immediately following our appointment. The ultrasound showed good cord flow, but the amniotic fluid measured at only 3.5. Apparently, for anything less than 5, it is typical for a patient to be admitted to the hospital. We called my cousin, Jenna, who is an ob-gyn in New Jersey to let her know the results. She warned us that, given the conservative nature of our doctor, she expected I would be immediately sent to the hospital. This conversation with Jenna allowed us to prepare our negotiation strategy to use with the doctor to opt for our return home rather than admittance to the hospital.

My ob-gyn was on vacation that week, so we had another ob-gyn from the practice, instead. This alternative doctor recognized I was in labor and agreed that *if* we passed a nonstress test to monitor the baby's heartbeat, she would allow us to go home as long as we promised to be in the hospital the following morning, if not sooner. The nonstress test showed that our baby was doing great and that my contractions were lasting approximately 45 seconds and occurring every 2 minutes and 45 seconds. I was 4 cm dilated and mostly effaced! Mike and I were excited that we were being allowed to go home. We called Amanda and Jenna on the drive home to give them the good news. Unfortunately, we hit rush-hour traffic and my contractions escalated. I was *not* comfortable, to say the least. As soon as we arrived home around 5:30 p.m., I got into the bathtub and waited for Amanda to arrive.

Amanda arrived about an hour later, bringing a wealth of supplies with her. I have never been a very modest individual, but that was taken to a new level as Amanda joined me in the bathroom while I lay naked in the bathtub. I was in labor—this is not a time to be concerned about people seeing me in my birthday suit. The trust we had built over the prior weeks made this next level of intimacy in our relationship only natural—it is what we had been preparing for.

Amanda took over for Mike and began timing my contractions, distracting me from any discomfort. She contributed a wonderful humor by going through her bag of goodies with me that she had brought with her. As my contractions heated up, she lent her support through gentle touch on my arm or head and started breathing with me. I also began what became a theme throughout my entire labor—drinking water after each contraction. The cold water in my mouth contributed to my calmness and positive outlook.

After a couple hours in the bathtub, Amanda recognized that it was time to change positions. Although I wanted to support Amanda in her suggestion, it took some convincing before I was ready to move myself out of the tub. I suppose I was concerned that it would become more painful if I moved. In the end, Amanda was right, and I laid on my left side on the bedroom floor next to my bed. In fact, I clung to the bedpost. Amanda put pressure on my lower back, which gave me much relief. Her hands on my back also became a theme of my labor. I quickly recognized that my contractions were escalating, and I announced that we should take this

window of opportunity and head to the hospital. Amanda sent the message downstairs to my husband, who was taking a well-deserved catnap. It was around 8:15 p.m.

I barely recall walking down the stairs and leaving the house, but I do remember kissing the dogs, Mikki and Piper, our cat Tiger, as well as the ashes of the four-legged family members that had passed away in the previous months, Romulus and Chloe. These animals had been my constant companions in the 10 years I lived in Texas, and I knew they would give me much strength as I embarked on the next hours of my life.

We took our positions in the car: Mike in the driver's seat and Amanda and I in the backseat. Similar to the bedpost, I clung to the emergency handle for support, with my back toward Amanda to allow her to put counterpressure on my lower back. She was really getting it down with the exact right amount of pressure I needed. I definitely did not hold back in communicating my needs, which is essential to a woman's labor, "Amanda, my back . . . please!"

Amanda called our doctor's office on our drive to the hospital to notify them that we were on our way. They told us they would call the hospital to let them know and the doctor would meet us there. As we arrived at the hospital 15–20 minutes after our departure from home, the clock struck 9:00 p.m. Mike dropped Amanda and me off at the lobby entrance before he left to park the car. I stumbled into the lobby and had my first hospital contraction in the lobby, leaning up against a plush chair. The woman at the front desk quite kindly asked if I was okay. With a painful smirk, I responded, "Only a contraction . . . I'm fine." A few moments later, Amanda and I made it up the elevator to the labor and delivery unit. With a few more stops in the hallway leading to the nurse's station to have a contraction, we eventually made it.

I wish I could say the nurses at the station were welcoming, but they were not. I told them my name and said my doctor's office should have called them to let them know we were on our way. Two of the three nurses looked at us with a scowl and said, "Nobody has called us . . . who are you . . . why didn't they call?" As another contraction began to build, I was able to say, "I don't know what to tell you. I called my doctor's office, and they said they would call you to let you know. Can I have a room?" Geez Louise, what does it take to get a room around here? With a pause, I also asked if we could have a room that had a bathtub. Again, with a scowl, one of the

nurses reported that all the rooms had bathtubs but that we were not allowed to use them. Amanda and I exchanged knowing glances, and in my mind I said to her, "And so it begins . . . all the things we're *not* allowed to do." We followed a nurse to our room, which on the positive side was absolutely huge and provided ample space for labor pacing.

At this point, our next major stroke of luck walked in the door. Her name was Nancy. She was our labor and delivery nurse and the head of the department. She had been the third nurse at the nurse's station who remained quiet as we got scowls from the other nurses. She walked into our room and immediately said, "You all look like a group that would have a birth plan." Amanda quickly passed our birth plan over to her with pride. Minutes later, Nancy walked back into our room and expressed that she was one of six children born naturally on a farm. She had worked at a hospital for 10–15 years in the 1980s that focused on natural birth, and she was excited to have the opportunity to work with us. She commented that it was very rare for women giving birth in the hospital to do so naturally, and almost all request an epidural upon arrival. Hours into our labor, Nancy said she wished that the younger nurses could have been present during our labor to see what is possible. She noted that most of the nurses had never had the opportunity to support a truly laboring woman and the wonderful experience it can be.

Nancy's first order of business for us was to check the health of the baby. She requested that I lay on my left side, and I remained there for 15 minutes or so as she monitored the baby's heart rate. Thankfully, all was well. She then checked my cervix and reported that I was 4 cm dilated and 100% effaced. Ouch—the news that I had not progressed beyond 4 cm hit me hard. I expressed, "That's a bummer." Nancy quickly countered my frustration by saying, "Don't focus on the number, you are paper-thin." Nancy asked what we had been doing at home. When she realized we had been mainly lying down, she suggested we begin walking around to let gravity help me progress. "If you walk around for the next 45 minutes, you'll be fully dilated," she said.

Once again, the thought of changing positions was daunting and, with the news of minimal progress, the thought of an epidural crossed my mind. Amanda suggested we walk around for 45 minutes and then evaluate our next step. With Amanda and Mike by my side for support, I entered the next stage of my labor on my own two feet and paced the room. As each contraction neared, I semi-sprinted or waddled

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to the window ledge, placed my hands on the ledge, and leaned in, almost doing a push-up against the ledge, slowly swinging my hips back and forth in pace with a moaning mantra that was naturally beginning to form. Amanda took her position holding her hands against my back, and Mike stood by my side with his face close to mine. Both Amanda and Mike gave me the physical, verbal, and emotional support I needed. They truly became my epidural.

As each contraction passed, I asked for water to drink or ice to chew and a towel to wipe away the significant vaginal discharge that comes with labor. I would then return to pacing. This ritual continued over and over again. At some point in my pacing, my contractions reached a new level, and Amanda noted that I had likely entered into the “transition” phase of labor. My breathing and focus changed. I began to moan more deeply and expel my breath more forcefully. I also began to draw on strategies I had read about in Ina May Gaskin’s book, and these helped enormously:

- I focused on keeping a loose jaw. According to Gaskin, the cervix will mimic the jaw; so, if you have a loose jaw, your cervix will open or, if your jaw is tight, your cervix will not progress further.
- I spoke aloud and repeated over and over again the word “relax,” saying it with a loose jaw: “Re-laaax.” Eventually, through tough contractions, I began repeating, “I can do it, I can do it, I can do it.”
- Even at one point, I repeated the positive word “love” aloud, again and again: “Looove,” said with an open jaw. Gaskin noted in her book that positive words can help progress labor.
- I reminded myself that the pain I felt indicated progress and that nothing was being injured inside of me—pain meant progress.

I was open to trying anything. Having read Gaskin’s book and having had solid discussions with Amanda to draw from gave me the tools to cycle through. I always felt like there was something else for me to try.

I had no concept of time. Apparently, it was only 45 minutes later when Nancy reentered the room to do more fetal monitoring. I was so relieved that

Nancy allowed us to do intermittent fetal monitoring rather than full-time monitoring that my doctor had previously said would be insisted on. Nancy even allowed me to stand while she did the monitoring, which was much more comfortable than lying on my side. Once again, the baby’s heartbeat was strong. Next, it was time to do a vaginal exam, so lying down was required again. This time, Nancy delivered amazing news: I was 8 cm dilated! Walking around really did the trick—I professed my love to Nancy and to my team, Amanda and Mike.

The next time Nancy gave me a vaginal exam, I was 9.5 cm dilated, although there was a thin piece of cervix still holding the baby in. My water had yet to break, and apparently, it was a “bulging bag.” Nancy asked me to begin pushing to get the cervix free. It was around 1:30 a.m. on July 3. I began pushing but had to experience the actual “urge to push.” Eventually, my water broke, and I began to feel the urge to push. It felt great to push with my uterus leading the way. I could actually feel my baby descending, particularly in my butt. Even Amanda excitedly expressed at one point that she felt the baby move as she supported me from the side; her perception directly corresponded with what I had felt, too. Nancy kept telling me to relax my butt. I started up my “re-laaax” verbal mantra again to remind myself to do so at the most difficult pain points. It is so easy to clench up with pain rather than relax, so this verbal mantra helped me a lot.

And there was progress! The baby moved down the birth canal, and Mike and Amanda reported to me that the head had begun to appear at the vaginal opening. I could tell by the tone of their voices that Mike, Amanda, and Nancy were all excited. At this time, Amanda pointed out to me that there was a sudden flurry of activity in the room. The doctor and team had arrived. Amanda said to me, “Do you see all these people, Jill? You know what that means?” Yes, I knew what that meant: I was doing it, the baby was almost here.

Within minutes, my son was born at 3:29 a.m. on July 3, 2009. The pushing gave way to a massive relief as I felt my son slide completely into this world. After the hard pushing to move his head through the birth canal, the rest of his body gave way quickly and with ease. Moments later, the placenta passed and felt like “blub, blub, blub” as it left my body. I think I entered an altered state because I do not remember hearing anything. I recall seeing my son on my belly and Mike cutting the umbilical cord. I remember being elated

It felt great to push with my uterus leading the way.

and so amazed that we had done it. The baby was moved to the warmer where the nurses cleaned him off and did all the required testing and footprints. I reminded Mike that I wanted his footprints in my pregnancy journal. I was in a daze but still engaged in what was going on.

Amanda was also focused on getting the baby to me as quickly as possible. Soon, the baby was back on my chest, and Amanda guided me on how to breastfeed him for the first time. He latched on perfectly and remained that way for the next 90 minutes. It was all so surreal for all of us. In that time together, Mike and I finalized our son's name. Dayton William Dix had arrived into the world. I thanked my support team: Mike, Amanda, and Nancy. I could not have done it without them.

With Dayton still breastfeeding, we put in our first phone call to my parents, who were anxiously

waiting to hear the news, from New Jersey. My father, a pediatrician, had been a great source of advice to me during my pregnancy, and now would serve as grandfather and our personal phone-call-away doctor to my son. Mike also called his mom and his brother in Florida a short time later to deliver the good news. They were elated and very excited about our baby's name, which had been a hotly debated topic during the pregnancy. I was beaming, so proud to be a mother to my new son, Dayton.

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