My Birth Story is Like a Dream: A Childbirth Educator's Childbirth

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ABSTRACT

Fear of childbirth is universal. Because of the stories of bad experiences passed down for years, many women fear childbirth. As a result, many women do not believe in the power of their own bodies and often hand over control of their bodies to health-care professionals, resulting in unhappy childbirth experiences because of unnecessary intervention during labor and birth. As a pregnancy trainer who prepares pregnant women for childbirth, the author wrote her personal childbirth story with an autoethnographic narrative method. Her aim is to help motivate pregnant women preparing for childbirth, health-care professionals preparing those pregnant women, and birthing staff.

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And the moment that I have been anticipating for days, months, and years even has come. I took a deep breath and pushed down my baby with own power while I followed my body. Before my breath finished, my baby came sliding out of me. While I exhaled, I quietly said that he is born. They put my son into my arms even before cutting his umbilical cord. He was warm, wet, soft, and smelled sweet. He screamed joyfully, and I thanked him repeatedly for giving me this wonderful experience. The doctors and nurses were looking on at that remarkable moment when our son joined our family, confused, happy, and teary eyed. They stared at us with questioning expressions because they had just watched a birth so vastly different from the fearful births they had witnessed in the past—fearfulness that resulted from the negative birth stories that have been handed down to women for years and have eroded their confidence and power regarding birth. How had it come to this?

AUTOETHNOGRAPHY AND NURSING MATERNITY/MIDWIFERY

Autoethnography is an autobiographical writing by someone who has had different life experiences (Schneider, 2005). Ellis and Boucher (2000) describe autoethnography as a method through which the author relates personal experiences and the social and cultural effects of concepts on these experiences. For health-care staff working with human, sociocultural beings, autoethnographical work can be particularly valuable, enabling them to see events through the eyes of the individual patient and consequently develop greater empathy, better understand his or her needs, and have a more positive influence on the quality of nursing/midwifery provided.

Autoethnographical articles can guide nurses and midwives working in health-care settings in this direction and gives them the opportunity to relate the facts as they happen to clinical data (Smith and Gallo,

2007). Richards (2008) states that autoethnography is particularly suited to writing about illness and disability. Given this statement, I realized that most of the health-related autoethnographies I had examined in the literature had indeed shared experiences about ill health (Forhan 2010; Grant 2010; Kelly, 2010; Lahman, 2009; Richards, 2008). My experience, however, was not like that, and I later realized that health-related autoethnographies should not just be centered on patients who are unwell. Although labor is a global fear, childbirth is actually a healthy biological event. Because autoethnographies can have implications for practical applications, it is important that they be used to turn the process into something seen as healthy and normal, rather than one that falls under the category of illness.

I wanted to write an autoethnography of my child's birth. In fact, I had already planned to do it before I became pregnant. I believed I should share my childbirth experience no matter what happened, and I really did wonder what kind of a childbirth experience I would have when I applied the very same advice I had been suggesting to pregnant women as a pregnancy trainer.

I have spent almost one third of my life thinking and reading about childbirth and applying the knowledge I have gained. So far, I have witnessed more than a thousand childbirths. Each of these births was different because each mother was different, and each brought with them different life experiences. I believe that the experiences a woman has, even those she had inside her own mother's womb, have an effect on how she gives birth to her child. Setting out my reflections on my own birthing experience and what I know about birth and my own body will, I believe, help to guide pregnant women, health-care workers who provide support during childbirth, doulas, and husbands.

I am a childbirth practitioner. I help to prepare pregnant women for a natural and satisfying birth experience, one that they will never forget and will always enjoy talking about. There is only a limited time to prepare these mothers-to-be, and, in the time available to me, I need to be highly motivated in what I do to prepare them to help them have the kind of childbirth experience they want. Most

pregnant women say that they gained a better, more beautiful birth experience than they had dreamed of. I do not know how much they really internalized what I tell them in such a short time. I wonder, too, how much I have internalized about what I explain to them and whether my own body has also learned what my mind had already learned and accepted. If it had, would it be able to put it all into practice?

When I started my training to be a childbirth practitioner, I was still single and not yet thinking about having a baby. However, I used to say that if I ever did have a child, I would choose a cesarean birth because I was deeply affected by all the childbirths I saw when I was a student nurse. Generally speaking, what I had observed was that both women and health-care personnel lost control during the moments of childbirth. It was almost as if they lost their basic humanity. I did not even want to imagine myself in such a position.

Then, while I was studying for my doctorate, I met a team whose perspective on childbirth was completely different from mine. In the antenatal education class I attended, they argued the case that pregnant women should have a normal birth. The more I listened to them, the more my own ideas began to change. I started reading more and researching the topic. New concepts such as natural birth came into my life. In what ways is it different than normal birth? It took me a long time to understand this, and it made me think about whether the births I had observed in clinics were normal or not. Health-care professionals in the birth units call these births "normal spontaneous vaginal birth." In reality, these words do not convey what actually happens. For a birth to be "normal," it needs to happen exclusively through the efforts of the mother and baby. In other words, a woman needs to give birth to a baby by herself. This is also the case for a birth to be called "spontaneous," it needs to start by itself. In the births I had witnessed, however, a series of interventions accelerated the birth process and helped to alleviate pregnant women's pain. Given this situation, these were just instances of "vaginal birth."

What, then, is a natural birth? Is it a birth without any intervention? What if intervention is needed? Does that mean it is not a natural birth? I think not. Each birth has its own characteristics. Different women have different childbirth experiences; no two births are the same, even for the same woman. For me, the best way to describe natural birth is "noninterventional birth in its own nature." In other words,

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it is when the event of childbirth is left to mother and baby while the process is monitored by health-care professionals with the expectation that there will be a healthy birth without any necessary intervention. Certainly, intervention is sometimes needed for the mother and baby's well-being during the birth process, but it should be only as much as is required. In a sense, even this can be considered a "natural" birth because the interventions occur in response to the nature of that particular birth.

Gradually, my personal theory about childbirth changed, although it was not an easy transition. It took me a long time to sort out all the contradictions I had observed in the terminology and to truly believe in the position I had arrived at. Believing is essential because if the trainer believes, the pregnant woman will also believe and will more easily put the theory she is learning into practice. During this time, I also received training to be a HypnoBirthing practitioner, a process that made a deep impression on me. *HypnoBirthing* is a method that puts emphasis on each woman realizing her own power, believing in herself and her baby, and feeling confident that she can give birth safely and calmly (Mongan, 2005). The HypnoBirthing training included exercises, which gave me an opportunity to experientially discover how the body follows the brain. I became convinced that you can live the birth moment to the fullest if you believe you are going to have a natural birth and can make your body believe this too. I began explaining to the women in my childbirth classes what I had learned in HypnoBirthing education with positive energy, and we did the exercises and shared the results together. It was clear that these women had started to feel happier about the idea of giving birth. At the same time, demand for my childbirth classes increased.

MY PERSONAL DELIVERY ADVENTURE

Three years later, after I had gotten married, my belief in birth as a powerful and empowering experience motivated me to get pregnant. After an 8-month wait, a little heart began beating and growing inside me, and my love and excitement grew along with it. From the moment I learned I was pregnant, I began imagining and preparing for a natural birth, and I happily awaited my giving birth.

I was eating well, exercising and practicing yoga to prepare both my mind and my body for a natural birth, and made a particular point of doing breathing and relaxation exercises. I recorded the relaxation text, which had been given to us in the

HypnoBirthing training with my voice and accompanied it with some of my favorite music. Every day I would lie down, switch on my music player, and relax my whole body as I listened. There was something inspirational about the recording that motivated me to have a natural birth. My relaxed body was soaking up these inspirations and fixing them in my mind, and I had the feeling that my baby was also very happy during these moments.

Relaxation is a very important and valuable application for pregnancy and labor. Studies have shown that relaxation exercises performed regularly during pregnancy make it easier to achieve relaxation during labor (Saisto, Toivanen, Salmela-Aro, & Halmesmaki, 2006), which makes it a more comfortable experience. I noticed how calm and relaxed the women in the HypnoBirthing training videos were and that they seemed to enjoy very comfortable labors as a result. Learning how to relax was, I discovered, just like learning how to ride a bike. The desired effect does not come immediately, but learning the techniques is enjoyable in itself, and, once they're mastered, it is possible to arrive quickly at a state of deep relaxation. While I was practicing relaxation, to help with the learning process, I preferred listening to my own voice recordings. I accepted it as my inner voice. My inner voice and I were alone, relaxing. I also formed a "mind zone" as another facilitator. It was a place I had created where I could most feel comfortable, and I imagined myself in that place at every relaxation time. In my mind zone, my husband, my baby, and I were flying in a balloon, floating in the air. To make this place more clearly in my mind, my husband and I painted this image on the wall of my son's room. In the entire house, this was the room that most motivated me for the birth. I loved to dream that my son was smiling at me among all the toys which I had bought for him. I spent most of my time in that room, doing exercises, relaxing, and dreaming. It was as though the little lines of encouragement I had posted all around my home were making my mind and body stronger with each passing day:

"A body that knows how to make a baby also knows how to birth a baby."

"I trust in my baby and my body."

Social networking sites were another important factor in increasing and sustaining my motivation to give birth naturally. The websites I frequented were

a gathering place for people connected to and supportive of natural childbirth: pregnant women, doctors, midwives, pregnancy trainers, and labor doulas. Everyone was looking forward to hearing each other's birth stories, and each positive story gave encouragement to those who would be giving birth next.

My pregnancy was going well. But when I shared my dream about the birth, most people around me responded with surprise and negativity, often saying things such as "How dare you? A cesarean is a healthy method for the baby. Why put your baby at risk?" These kinds of unsupportive responses did not come as a surprise to me. Although the World Health Organization suggests that the percentage of cesarean birth performed is 10%–15% (World Health Organization [WHO], 1985), in my home country of Turkey, the rate of cesarean births is increasing annually. According to 2003 data from the Turkish Demographic Health Survey (TDHS), 21.2% of deliveries in Turkey were via cesarean birth. By 2008, however, TDHS figures showed this had increased to 36.7% (TDHS, 2003, 2008). And in the western part of Turkey, where I live, the rate of cesarean births was 45.1%, meaning that nearly half of the local women chose cesarean method at the time of my birth. In particular, women with high socioeconomic and sociocultural status preferred cesarean births. Because I was familiar with these statistics, their words did not affect me much. My response was simple, "Please, let's talk about positive things. My baby is negatively affected by such words."

Much more difficult for me was the fact that my husband also wanted me to give birth to our son by cesarean birth. As a surgeon himself, he believed that surgery was a safer way to resolve a pregnancy, and although he did not want to demotivate me, he would occasionally say things like, "If you find it hard, you can have a cesarean." My husband had never seen a natural birth. He had only encountered this concept through me, and he was afraid that he would not be able to give me the right kind of support in a natural birth, whereas if the birth occurred as part of a surgical procedure, he would know very well how to support me.

It was then that I realized that if I really wanted to have natural birth, it was not just I who needed to prepare. All the people who would be playing a role at the birth moment should be ready for it as well. Having discovered for myself how essential a husband's support was for the woman's motivation, I tried to involve husbands more in the childbirth

preparation classes I was giving. During my own pregnancy, I gave classes to four preparations for birth groups, and I persuaded my husband to join these groups, too. Yet, he still was not convinced of the benefits of a natural birth. I could see that he needed to hear what I was telling him from someone else, so we attended another childbirth class, after which his ideas completely changed. He started telling his friends, "I am a birth coach now. We are going to take our son into our arms after a natural birth."

It was not difficult for me to arrange the place where I would give birth. My husband and I were both working in the same hospital and were so used to spending most of our time there instead of at home that we knew we would feel very comfortable. I enjoyed my work in the birthing unit, my colleagues were like my family, and the whole team was looking forward to the birth.

Unfortunately, doctors, rather than midwives, deliver babies in this hospital. I chose a doctor whom I felt certain would be calm, reasonable, and respectful to both me and my baby and presented my preferences to him on a piece of paper: I did not want any unnecessary intervention, and I wanted to be free during the labor. These preferences were so different from his philosophy that it took 6 months of constant talking to him and inundating him with publications to persuade him to agree to my plan.

MY BABY'S BIRTH DAY

Forty weeks and 5 days into the pregnancy, my baby and I were still together. I felt his movements less now—they were smaller than they had been but stronger. My phone was ringing off the hook, at least 20 people calling me everyday to ask if I have given birth and scaring me by saying things like, "What if something's wrong with the baby?" My mother was waiting impatiently for her first grandson, constantly saying, "It's high time the baby made an appearance." I became so fed up, especially in the last 10 days of my pregnancy that in the pregnancy classes that I gave after my baby was born, I suggested to the mothers-to-be that they not tell anyone the approximate birth date to avoid similar experiences.

I made myself believe that my son would be born in the night, having heard somewhere that animals that sleep in the daytime birth in the night and vice versa (which seemed to show that privacy and protection are important in nature.) In the weeks and days leading up to my due date, I tried my best

to go to sleep early every day so as not to be tired when I finally went into labor. I would fall asleep rubbing my abdomen and thinking, “Maybe I’ll smell you tonight baby.” But when morning came, I would wake to find my baby was still saying, “Good morning, mommy!” from my womb.

It was another such morning when I went to the toilet and saw the first thrilling sign that the birth was finally going to happen. My husband and my mother were home, but I said nothing to them because I wanted to stay at home until the contractions became more frequent. I put my hand on my abdomen and could feel uterine contractions, but they were not bothering me at all. We had a nice family breakfast, took a walk by the sea for 2 hours, and went to the market, and then I cleaned my house in a squatting position. (Knowing that squatting is one of the most appropriate positions during labor because it enables the baby to move more easily in the birth canal [Balaskas, 1992], I was seeking any excuse to squat.)

That evening, I was feeling quite energetic and dynamic. At around 9:00 p.m., while we were all watching TV together, I fell asleep on the living room sofa. At 11 p.m., my mother woke me up to tell me to go to my bed, but by then I felt wide awake, so she went to bed herself—a relief to me because I was sure she would treat me like an invalid if she thought the birth was imminent. My husband was not sleepy either, so we decided to watch a documentary about dolphins giving birth. I told him that our baby could come to the world that day, but he just laughed and said, “The dolphin might be giving birth today, but you won’t.” Then he too decided to go to bed.

I was having contractions, but I would not have even noticed them had I not put my hand on my abdomen. I was also feeling some pressure on my perineum, but the contractions I had felt during the pregnancy had disturbed me more. I decided to take a shower, and the warm water combined with the smell of the shampoo made me feel great. I blow dried my hair, put on some nail polish, prepared the clothes I would wear to go to the hospital, and ate an apple. Then, I finally went to bed.

At around 2:00 a.m., I put my hand on my abdomen and tried to time my contractions, which by now were frequent and long lasting. Because of the stories of labor pains that I still had in my mind, however, I didn’t think they could be birth contractions. I switched on my relaxation recording. While I was relaxing my whole body, I suddenly felt nauseous

and vomited. My husband and mother both woke up, and my husband said to me, “It cannot be time for birth, but perhaps something is wrong. We should go to the hospital.” We grabbed the already-packed bags, got in the car, and turned on an enjoyable song to listen to during the drive.

On the way, I continued with my breathing and relaxation exercises. I could sense an amazing cocktail of hormones flowing through my body. I had never felt so happy, energetic, and motivated. These were the last moments of my baby inside me, and we were enjoying it! Everybody was calm as we headed to the delivery room. It was 2:50 a.m. The team on night duty was sitting around eating a pizza. I told them, “Don’t trouble yourselves, it’s not time for the birth. We just came in for a checkup.” The on-duty doctor put a hand on my abdomen and said, “The contractions are severe. I think I should examine you.” I lay on the examination couch and he made a vaginal examination.

“Are you feeling any contractions?” he asked.

“Yes, I am, but I’m not uncomfortable. I just feel pressure on my perineum sometimes. The breathing and relaxation exercises are working out.”

“Interesting,” he said. “Effacement is 100%, and you are 9 cm dilated. I cannot believe that you’ve managed to stay so calm all this time, but this is your first pregnancy, so we’ll wait another half an hour for you to be fully dilated. In the meantime, why don’t you put on something comfortable?”

At that point, I collected myself and asked the personnel to make the head of the bed as upright as possible. Suddenly, just as I was about to stand up, I felt severe pressure on my perineum. At the same time, I felt like I would explode with excitement. Odent (2003) notes that with births where there is no intervention or fear, a sudden adrenaline rush can occur just before the fetal ejection reflex. This is exactly what happened in my birth. Overcome by a sensation like the thrill you get at the moment you parachute off a mountainside and shout out with joy at the top of your voice, I screamed uncontrollably.

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Realizing that the doctor, my husband, and the nurse were all staring at me in amazement, I told them, "Everything's okay, don't worry. There is no pain, just a sudden adrenaline rush." Odent (2003) notes that, with births where there is no intervention or fear, a sudden adrenaline rush can occur just before the fetal ejection reflex. This is what happened in my birth. I settled myself back onto the bed and felt the urge to push. My body position was as straight as possible. I took a deep breath and pushed my baby downward with all my power. "Push slowly," my birth doctor warned me. "The baby's coming too fast. I'll have to do an episiotomy." But I just could not slow myself down, and the episiotomy was done at the last moment. In my terms, it was a natural birth throughout, without any intervention other than the episiotomy. Is it still possible, therefore, to call this a natural birth? I think it is. It was completely natural because the intervention happened only when necessary.

Two or 3 weeks later, when I had the chance to make some time for myself and think about the birth, I wondered whether the episiotomy might have been unnecessary. After all, I had given myself regular perineal massages every day after the 30th week of my pregnancy specifically to avoid perineal laceration or an episiotomy, just as suggested by evidence-based practice (Berghella, Baxter, & Chauhan, 2008). I thought my perineum was ready for the birth. Why did they have to do an episiotomy? I had been in a squatting position, which is the most appropriate position for birth, and had pushed the baby by grasping and pulling my knees up toward me. The baby came out of my vagina very quickly both because I pushed my baby uncontrollably fast, and because of the fetal ejection reflex combined with an adrenaline rush. Perhaps if I had been in the "polar bear" position Mongan (2005) suggested for quick delivery, I would have been able to give birth without the need for an episiotomy.

I was in a state of shock after the delivery, unable to believe my baby was now in my arms. It was 3:15 a.m. Just 25 minutes had passed since I had gone into the delivery room. The birth was not the way some people had described it. It was totally painless, joyful, exciting, and quick. My baby was so good. At first, he greeted the world with loud screams, presumably because of the effects of the hormone cocktail, but he calmed down after he was cradled in my arms and heard me say, "Welcome, my baby. We have been waiting for you for so long. We love you

so much, do not cry." He began looking around curiously with his eyes wide open.

REFLECTING MY CHILDBIRTH EXPERIENCE ON TO MY CHILDBIRTH PREPARATION CLASS

My child's birth is one of the rare moments in my 30 years that I would like to experience again and again. I understood that my mind had been able to direct my body, and I realized my inner power. As a pregnancy trainer, I try to do my best to help the women in my class realize the power that resides deep inside them. I've also realized, however, that what motivates these women most about the births they will experience are real birth stories. They draw more strength from such narratives, and more readily apply the advice they receive because they understand that what they're hearing is not imaginary or merely theoretical. Of course, a pregnancy trainer does not have to have given birth to be effective, but perhaps women with positive birth stories should be invited to come and share their birth experiences with classes as a matter of course.

Showing that the body obeys instructions from the mind increases women's trust in their bodies and confidence in their ability to direct their own birth experience. Because of this, the number of exercises devoted to this process should be increased. Fear of what might happen while giving birth is perhaps the most important factor negatively affecting childbirth. If a woman cannot overcome this fear during her preparation classes, she can be directed to psychotherapy.

In the birth preparation classes I gave after my birth, the number of natural births and satisfaction levels among my students gradually increased. Training has become more enjoyable both for me and the women in my classes. I show them my son's birth video at the end of the course as a surprise. They get very excited and burst into tears and leave class saying, "We want to live birth moment immediately!" What comes next is so beautiful. There is an unexpected phone call from either the mother or father saying, "Our baby has been born. The birth was amazing. Thank you so much." Often, they come to visit me with their babies. These are the kinds of precious moments a pregnancy trainer can never forget.

FINAL WORDS

Negative birth experiences recounted by women of a previous generation can create fears among

women in the next generation, which lead to their own negative birth experiences. Present-day “sickly thinking” about the process of childbirth causes that kind of worry mongering to continue being passed down in an unhealthy way. Such thinking can only be overcome by the sharing of positive experiences that will help women to reduce their fears about giving birth, motivate them about the process, and assist them in having positive birth experiences. Uotinen (2011) states that in talking about bodily unknown knowledge, autoethnography is an appropriate method for information analysis. Writing this article, I have realized that I have presented a synthesis of the relationship between knowledge and experience and have analyzed and interpreted that relationship. I hope my birth story will be a guide for pregnant women, childbirth health-care professionals, and academicians working on natural delivery.

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