Eloise Amelia Kahn's Birth Story

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ABSTRACT

Eloise Amelia Kahn's birth story highlights my experience as a nursing student preparing to be a mother and how studying nursing during my pregnancy influenced my thought process during pregnancy and labor, my evolving relationship with my certified nurse-midwife, and my unmedicated childbirth in a hospital setting.

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Eloise Amelia Kahn—born March 5, 2012 at 10:43 a.m.. She weighs 8 lb, 7 oz, and is 20.9 inches long. Wrinkly hands and feet, long legs, almond eyes, warm, damp little head, chubby neck, greedy mouth rooting for purchase; our daughter.

I always felt certain I would be a mother some day. The first two words I strung together as an infant were “nice baby.” When I was a little girl, my mother joined The Book of the Month Club, and one of her first purchases was an early edition of Lennart Nilsson's *A Child Is Born*. I was fascinated by the images of the miniscule limbs and alien features of the developing fetuses, and in awe of the idea that throughout time, the fundamental experience of pregnancy and childbirth had remained essentially unchanged. No matter our technical advances enabling conception and safeguarding positive outcomes for women and their children, human babies had always developed on their own prescribed timeline, and women carried and gave birth to their children in much the same manner. I imagined what it might feel like to have another living creature sharing the space within my body, testing its boundaries.

I was in my third semester of a postbaccalaureate nursing program at New York University when I became pregnant with Eloise. That semester, I studied maternity and pediatrics nursing and had clinical rotations in both acute care and outpatient settings. My pregnancy fell in lock step with my maternity curriculum; no sooner would I study a prenatal test or read about a first trimester developmental stage than I would experience it myself. My most memorable patients were, unsurprisingly, the most critically ill. One clinical day, I cared for a 17-year-old boy with debilitating cerebral palsy. Confined to his bed, he was the exact opposite of a thriving 17-year-old. His limbs were skeletal, his chest was concave, his joints fought to maintain the fetal position. He wore a diaper and ate all of his meals through a feeding tube. Another clinical day, I helped my classmate care for a 4-year-old boy my clinical instructor characterized as a “former 24-weeker.” His body was bloated from his steroid medications, his doughy face was placid, and his limbs were flabby and white. He was unresponsive to my touch and voice as he breathed through his oxygen mask. In my maternity clinical, I observed a neonatal intensive care unit

Do you have a birth story that illustrates the power of 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 (JPE). Please send your story or query to Judith Lothian, Associate Editor (Jalothian@aol.com).

nurse care for a 29-week-old newborn. Watching the limbs of his nearly 2 lb body extending and his tiny chest rising and falling in rhythm with his breathing equipment, I felt I was witnessing something I wasn't supposed to; it was as if I was seeing a preview of a baby who would otherwise be safely sequestered from the onslaught of the world's attention. I thought about how when my husband and I had adopted our cat Oliver, he weighed about 2 lb. When I carried Oliver home in the cardboard carrier provided by the adoption agency, I stopped every block to make sure he was really in there because the box felt too light to contain a living being.

Every interaction with my pediatrics and maternity patients made me consider all of the possible outcomes for my own developing child. At home after a clinical day, I would talk with my husband about what we would do if we learned our baby had a debilitating or life-altering physical or mental developmental issue, or if I went into premature labor during a period of questionable viability. These were impossible questions to contemplate in the abstract and face of our growing bond with our baby. Yet, I was always aware in a way I had never been before nursing school of just how much responsibility fell on my shoulders to ensure our baby's healthy development, and how much our baby would dictate his or her own path. When I was 7 weeks pregnant, I had an ultrasound to confirm my due date. My husband and I watched our baby's heartbeat on the screen, and when the ultrasound technician commented that our baby had a very strong heartbeat, I felt immediately protective. I wanted to do everything right to make sure our baby turned out okay.

We chose to work with a midwife because I believe in the midwifery model of care; when I envisioned a future for myself as a women's health nurse, that future was centered in the idea that I would help women empower themselves within a structure that views pregnancy and childbirth as natural, normal events in a woman's life, and sees childbirth as an opportunity to promote a woman's independence and provide her a foundation for confident decision making in all aspects of her life. Before I became pregnant, I met with a midwife and inquired about home birth. The midwife I interviewed told me that

the New York City medical community was generally not supportive of home birth. In her view, as a responsible practitioner in this community, she could never put one of her patients in the position of having to navigate politics at the emergency room door with the consequent great risk to her patient's life and the life of her patient's child if her home birth had not gone as planned. Knowing that I would likely give birth to our baby in a hospital, I sought a midwife who was confident in her practice and would help me to carve out a bit of normalcy and peace in the hospital birthing room among required interventions like wearing a fetal heart monitor and being hooked up to an intravenous (IV) line. I desired a provider who would respect my voice in her care plan but would also educate me and guide me so that I could make informed choices.

After I became pregnant, I chose my midwife for the unglamorous reasons that she took our insurance (a bigger deal than I had realized before becoming pregnant), had an office located only 4 blocks from our apartment, and had caught more than 2,000 babies in the lifetime of her practice. When I interviewed her, although I did not immediately connect with her, I felt confident that I would be in safe hands in her care. I never lost trust in my midwife's qualifications to protect my health and the health of our baby; however, as my pregnancy progressed, I felt less and less like a partner in my care. As I studied how to listen and communicate effectively with my patients during hospital clinicals, in my role as a patient, I struggled at times to communicate effectively with my midwife. Perhaps I, idealistically, believed that simply by choosing a provider with the title "midwife," I would form an intimate bond with a person who, in my view, had the best job in the world. I couldn't imagine anything better than possessing the incredible privilege of catching babies and caring for their mothers along the way. I expected my midwife to express the same kind of passion and awe for her profession that I possessed, and for us to form a relationship that would endure long past my pregnancy and the birth of my child. Even with the passage of time though, my relationship with my midwife remained formal. My midwife did not suffer fools gladly; she was often brusque and possessed a seemingly unchangeable vision of how, exactly, I would spend the weeks of my pregnancy and bring our baby into this world. At the same time, she endeared herself to me by telling me our baby was perfect, encouraging me to continue talking to

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our baby and telling her how much we loved her because my voice was a part of our baby, and telling me my body knew exactly what it was doing.

My husband and I decided we would not learn the gender of our baby in advance. As curious as we were to find out whether I was carrying a baby girl or boy, we believed that the surprise when our baby was born would be well worth the wait. I also resisted the likelihood that once we knew and announced our baby's gender, we, our family members, and our friends would inevitably, consciously or unconsciously, assign gender roles to our baby. I liked the idea that our baby could continue to develop peacefully, uninterrupted by how the world would perceive him or her based on his or her gender. My husband's grandfather dubbed our baby "Shim" as a neat solution to the inconvenience of having to type or say "he/she" and "him/her" every time we wrote or spoke about our baby. Most of our family members and friends speculated I was carrying a boy; my father called our baby "the little elf." Halfway through my pregnancy, I dreamt one night that I had given birth to a baby girl. In my dream, she talked to me and I told her she was going to have to stay in for a while longer so she could develop more fully. From then on, I had a strong sense that we were going to have a girl. After all, I joked to my husband and mother, only a girl would have the patience to endure developing in the womb of a stressed out mother who was constantly running around the city, packing as much into each day as possible, spending hours on her feet for nursing clinical rotations, and staying up late studying rather than putting her feet up high and relaxing like my midwife kept urging me to do.

As my pregnancy progressed, we formed ideas about our baby and her temperament. We knew she was strong—I had felt her first flutters around 18 weeks' gestation, and from then on, her movements became increasingly active and deliberate—and we had the sense that she was tolerant and had a good appetite. At night, our cats—Saba and Oliver—would crowd close to me, Oliver "making bread" on my growing belly. My midwife told me that our cats could hear our baby's heartbeat, which I had heard for the first time when our baby was 12 weeks along. Although I was aware of our baby every minute, I would still get surprised when we would see her during my ultrasounds or hear her heartbeat through the Doppler because she looked astonishingly human, swimming around and moving her little arms and legs and practicing breathing by sticking her tongue

out and swallowing, and putting her hands to her mouth. As she developed, her features became more apparent; our 26-week ultrasound produced images of a baby who was breathtakingly beautiful, with full lips and a perfect nose. Every time my midwife told me we had an active baby, based on our baby's heartbeat and how she would immediately move away from the sound of the Doppler, or kick out as my midwife measured my growing belly, I would think of my husband and how he never stands still, but rather always rocks from side to side. At 28 weeks, I woke up one morning to find our baby's limb poking out above my navel. When I pushed it, our baby moved then settled into a different area. I had the strong feeling that there was very little separating our baby from the outside world; she was really "there."

To prepare for the birth of our baby, I read Ina May Gaskin's *Guide to Childbirth* and *Guide to Breastfeeding*, and with my husband, attended a weekend-long childbirth education class that centered on the stages of labor, comfort and relaxation measures during labor, and birthing positions. Our instructor emphasized the importance of having a focal point during contractions, and we each practiced holding an ice cube in one of our hands for 1 min to represent tolerable discomfort. I went into the last month of my pregnancy with an open mind and without a birth plan other than a healthy me and a healthy baby. Most of my energy at that time was directed toward preparing for the NCLEX nursing licensing exam, and the ritual of studying and doing practice questions every day distracted me from worrying too much about giving birth. Our baby was going to come out one way or another; every day I would talk to my belly and tell our baby that she was doing so well in there and that if she could just hang in there long enough for me to get my nursing license (I had scheduled the test 5 days before my due date), I would be so grateful. I hoped to labor at home as long as possible, but I also had no idea of my threshold for labor pains. And, although I desired an unmedicated childbirth experience, I was open to the idea that I might require epidural medication or other medication to ensure that I would have a productive labor. Having observed a Cesarean birth during my maternity clinical, and having talked to my friends who had experienced unplanned Cesarean surgeries, I sincerely hoped to avoid this major abdominal surgery, but I also tried to keep in mind what our childbirth education

instructor had told us: Every birth deserves to be celebrated and the real achievement is growing a baby, not the mechanics of how you bring her into this world.

My midwife's mantra, repeated at the beginning of each of my prenatal visits when she confirmed my due date, was that our baby did not read the calendar and would come into this world when she was ready to be born. At my 40-week prenatal visit, which fell on a Thursday, I was 2 cm dilated, partially effaced, and our baby's heart rhythm, heart rate, and movements remained strong. My midwife told me that because I was now "overdue," on Monday, I would go to the hospital for a fetal nonstress test and ultrasound where an obstetrician would hook me up to a fetal monitor for about 20 min and monitor our baby's heart rate and my contractions (if any), and how our baby responded to the contractions. My midwife explained that the ultrasound would be to check that our baby still had adequate amniotic fluid and that my placenta was still sustaining our baby. My midwife repeated several times during my appointment that the placenta is an "aging organ" and that there was an increased risk that our baby could be stillborn if my pregnancy progressed past 41 weeks. She also told me that if I still hadn't gone into labor by the following Thursday, I would go back to the hospital for another nonstress test and ultrasound, and would be admitted to the hospital that evening for a chemical induction.

My mind was spinning and I struggled to articulate to my midwife my gut feeling that induction was the wrong plan for our baby. I kept thinking about how our baby had more than held up her end of the bargain by hanging in there with me through nursing school and studying for the NCLEX, and now here I was, without her consent, preparing to forcibly evict her from her home. I couldn't wrap my head around the idea that our baby would not be allowed to come into the world on her own schedule. I remembered that when my midwife had first calculated my due date based on my menstrual cycle, she had given me a due date of March 6, but had then pushed back the due date to March 1 based on my 7-week ultrasound. If the March 6 date was the correct one, I reasoned, then I would be induced when my baby was barely overdue. I wanted our baby to

have all the time she needed for her lungs to fully develop and for her to give the signals that she was ready to enter the world. When I asked my midwife whether I would just show up at the hospital for the induction or how, exactly, it would work, she told me she had already made me an appointment for my induction. I was incredibly upset to contemplate this. I sensed there was little room for negotiation with my midwife and—familiar with the Cesarean surgery rates in my community and the likelihood that if I was induced, my labor would be more painful and I would be at increased risk of being put into a Pitocin/pain relief cycle—I had the feeling I was hurtling down Cesarean Surgery Alley with no ability to put the brakes on. At the same time, my midwife having raised the specter of stillbirth scared me deeply. I discussed with my midwife some natural remedies for jump starting labor, including taking evening primrose oil and castor oil.

I went home from my midwife's office and later that night, talked with my husband about approaching my midwife on Monday to revisit my scheduled induction. I thought that if I volunteered to go to her office every day for checkups, and continued to visit the hospital for follow-up nonstress tests and ultrasounds, we could perhaps reach a compromise that would allow me to take things day-by-day past 41 weeks. My mother had been 3 weeks late with me, so I thought that maybe this was just how we make babies in our family. I took the evening primrose oil and later, the castor oil, and on Friday night, based on the advice of my friend whose mother had gone into labor after eating Chinese food, ordered and ate the spiciest Szechuan food I could manage.

On Saturday morning, I woke up with an intense ache in my lower back and lower belly, and when I went to the bathroom, I was encouraged to see streaks of blood-tinged mucus on the toilet paper. I sensed I was in labor, and felt a thrill of anticipation go through me, my heart suddenly racing like before a big exam. I called my midwife, who encouraged me to stay put at home as long as I could, to communicate with her throughout the day, and to keep track of our baby's movements. She told me that if I went to the hospital immediately, I would no doubt be admitted, but I would be more comfortable laboring at home. It was still early morning, and I decided to let my husband sleep because I wanted a private moment to contemplate everything to come. Infused suddenly with a burst of energy, I attacked our kitchen, throwing out old food and

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scrubbing the vegetable bins in our refrigerator. I baked chocolate chip muffins for the labor and delivery nurses at the hospital where I would be admitted, and called my mom. After a couple of hours, I realized I had not noticed our baby moving. I wasn't panicked about this, because I remembered reading that sometimes a baby's movements slow down as she prepares for birth, but I was reassured when, after my husband woke up and started talking to our baby, our baby began kicking and pushing out with the same familiar strength.

By mid-afternoon Saturday, not much had changed. I continued to feel a lot of lower back pressure and some tightening in my lower belly, but no timed or regular contractions. We decided to go out to lunch at a South African restaurant in our neighborhood, and before we left, I took a long shower, turning up the water as hot as I could stand it and getting down on all fours to let the stream pound my back where it ached. As we walked to the restaurant, my belly felt heavy and low. During lunch, I watched two women sitting at the table next to us caring for their infant daughters. One of the babies looked to be about a year old and the other was closer to newborn. I kept catching the eye of the older baby and waving at her and thinking about how incredible it was that in a matter of hours we might be holding our own baby. Toward the end of lunch, my contractions started again, and I told my husband we better head home.

Throughout the day, I texted and called my midwife, who reassured me that everything I was feeling was normal and that because this was my first pregnancy, I should expect things to move slowly and should try to get as much rest as possible. She encouraged me to drink a lot of water, keep eating, and keep my legs elevated. My husband took photos of my belly—skin stretched taut and shiny—and my swollen legs and feet that for weeks I had only been able to stuff into enormous sheepskin boots. I packed and repacked our hospital suitcase. By the end of the day, Saturday, we had run out of things to do in our apartment, so we invited our good friends over for dinner. They were also expecting; their baby was due 6 weeks after ours, and the shared experience of our pregnancies had helped us to form an even more enduring bond with each other. Over Chinese food, we speculated about how our lives would change after our babies came, and dreamed of future dinners where we would give our babies baths together and tuck them into bed in a shared

crib. My lower belly flexed and tightened throughout our dinner, and by 11:00 p.m., I was ready to kick our friends out. Our friends told me later how they laughed in the hallway outside our apartment to hear my husband asking me why they had to leave and me telling him, because I'm in labor honey!

We stayed up most of Saturday night, too excited to sleep. When I got out of bed on Sunday morning, I was feeling contractions every 9 min or so. I thought, today is the day! I was exhausted, so I lied down next to my husband on our couch and we watched the movie *Stand by Me*. The movie had special significance for me because it had been my favorite movie since I had first seen it at age 9 years. I spoke the lines out loud with the actors, settling into the rhythm of something so familiar I was not required to think. We also watched the original *Superman*, and I dozed on and off throughout the movie. At some point, I stopped having contractions altogether, and became a little concerned, taking to the Internet to Google phrases like “stalled labor.” I began to feel like the girl who cried wolf; we were fielding calls from our concerned family members and I had nothing to tell them. I felt that I had gotten everyone's hopes up, and still there was no baby. I was discouraged to read websites discussing prodromal labor, which made me realize that my labor could go on for some time in this way, even days or weeks, with no increase in intensity. I felt exhausted and unfocused, and decided to get off the couch and see if I could do something to get things going.

In our childbirth education class, our instructor had taught us comfort measures like having your partner roll a rolling pin along your lower back while you knelt on all fours, and having your partner kneel down behind you, place his hands on your hips, and “shake your apples.” I wasn't in great discomfort, but my husband and I horsed around trying different comfort measures, me suppressing laughs and trying to look focused and serene as my husband set the self-timer on our camera to document our efforts. We posed for family photos with our cats, Oliver and Saba, and I bounced on my birthing ball. Around 9 p.m. on Sunday night, I started to have contractions again. They were all over the place, some 7–8 min apart with durations less than 1 min, some 11–12 min apart, and some 3 min apart. They were painful but not overwhelming. I wasn't hungry, but I knew I should eat to keep up my energy, so I fixed an eclectic meal of chicken patties, spinach, and orange Jell-O, and drank as

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much water as I could. Around midnight, with no change in the frequency or intensity of my contractions, my husband and I decided to go to sleep. My theory was that at this point, if I was really in labor, lying down would make no difference.

My mind raced as soon as my head hit the pillow. I watched the clock and felt our cat Oliver climb into bed with me. He stretched his body around my belly, purring and kneading my skin. I felt my contractions intensify, but I didn't wake my husband because I wanted to be sure that this was real. The pain was also familiar to me, a more powerful version of menstrual cramps. Except when the contractions would radiate to my back and I wanted to scream out, I was able to keep breathing and grimacing through them. Oliver moved up and licked my face, kneading my chest. I suddenly had the thought that in a way, I was saying goodbye to him this night because I knew that once our baby arrived, I would no longer be able to devote the kind of attention to him that he had grown used to. We had adopted Oliver when he was only 5 weeks old. He was rescued from a shelter and not yet weaned from his mother. My husband and I often joked that Oliver had imprinted on me like the baby swan in the children's book *The Ugly Duckling*. I decided to give myself another hour to keep track of my contractions and make sure they were regular. They continued to hit every 4–5 min, and I felt pressure building up in my chest, waves of nausea coming on me.

I woke my husband up at around 3:00 a.m., and suddenly, our apartment resembled the final birth scene in a romantic comedy movie. My husband ran back and forth from our bedroom to our living room, turning on every light in the apartment, and furiously packing his hiking backpack with my deflated birthing ball, the rolling pin, our iPod and portable speaker, and anything else he decided in that moment was critical for us to transport to the hospital. I lumbered out of bed, slowly making my way to the bathroom. As I walked, a severe contraction hit me, and I grabbed the doorframe of our bedroom, groaning through it. I continued on, and suddenly, I was bent over our toilet bowl, spasms wracking my stomach as everything I had eaten and drank for the

past days came up in waves. Even after my stomach was totally evacuated, I continued to heave, weak from the effort of it. My husband (anxious) told me we really better get going to the hospital. I couldn't bear the idea of showing up at the hospital, clammy with sweat and hair and mouth sticky with vomit, so I told him that I thought we still had more time, and I worked my way into the shower. From the shower, I shouted instructions in between contractions, obsessing over minutiae like whether we had packed the now 2-day-old muffins for the labor and delivery nurses, whether we had enough small bills in our wallets to leave money for our cat sitter, and what I should wear to the hospital. Everything I had learned in our childbirth education class flew out the window as my contractions hit, and I screamed and bent over and pounded the walls of our shower. My husband called my midwife, explained what was going on, and she told us she would meet us at the hospital. Out of the shower, I decided to wear a T-shirt featuring my nursing school's logo, figuring I might get better treatment from the nursing staff in the hospital if they thought I was one of their own. We left our apartment around 4:00 a.m. on Monday morning, me gesticulating maniacally and thrusting keys for our cat sitter at our night doorman, as I bent forward and crept my way toward the entry door of our building. On the sidewalk, I grasped a parking meter for support during a contraction, while my husband hailed a cab.

I am not exaggerating to say that our cab driver hit every possible pothole on the 45 block drive from our apartment building to the hospital. I grabbed the strap hanging from the glass divider and tried to remain calm. When we arrived at the hospital, our driver helped my husband to unload our gear while I waited on the sidewalk near the main entrance to the hospital. As our cab driver wished us luck and sped away, we approached the main entrance, noticing for the first time a note taped to the glass doors: "Closed for Shabbos." The fact that it was now Monday morning and not Friday night or Saturday did not even occur to us as we looked at each other and thought, well, now what? I started to think about what other hospitals might be nearby, then quickly reasoned that it couldn't be possible that the entire hospital was shut down for the Sabbath. We noticed an emergency department (ED) awning down the block, and headed in that direction. We were greeted in the ED lobby by a night watchman, who commented that we were the third couple in

labor to come in during the past hour. Immediately, a male nurse was at my side with a wheelchair, and I collapsed into it, the relief of having finally arrived at the hospital suddenly hitting me as I started to sob. As I cried, I answered the nurse's questions about the date of my last menstrual period, my due date, and how far apart my contractions were. When we arrived on the labor and delivery floor, he handed me off to another nurse, who immediately brought me into a labor room.

Because I had tested positive for group B streptococcus at my 37-week appointment, I was prepared when my nurse started an IV line and told me that I would need to receive two doses of antibiotics before our baby was born to minimize the risk that our baby would contract a group B streptococcal infection during her birth. Knowing hospital policy, I was also prepared when my nurse put the external fetal heart monitor on my belly, although I was nervous that wearing the monitor would restrict my movement. Once I was changed into a hospital gown and sitting up in my hospital bed, an obstetrician entered the room and asked to examine me. After performing an internal exam, she told me I was only 4 cm dilated. Frustrated that I hadn't progressed further, I immediately started to question in my mind our decision to come to the hospital that morning. I thought of my friend who had labored at home until, finally, she transferred to the hospital 9 cm dilated; one contraction and half an hour of pushing later, and her baby boy was born. I couldn't believe I had so far yet to go! My nurse reassured me that early labor took the longest, and that things would progress much more quickly from here on out. After the obstetrician left the room, my nurse took a quick health history. As we talked, I told her I had just taken and passed the NCLEX, and we discussed my clinical experience at the hospital where I was giving birth, and her experiences on different floors. At times I was able to talk and joke and laugh with my nurse, but then I would suddenly be stopped mid-sentence by the force of a contraction.

My midwife entered the room and examined me again. She told me I was now 5 cm dilated and completely effaced, and she commented on what a remarkable change this was from when she had examined me at my 40-week appointment. She asked me if I wanted an epidural, and I told her that for the time being, I thought I could handle my contractions without an epidural, but that I wanted to leave the option open if my tolerance

for the contractions changed. She commented that my labor would progress more quickly if I did not have an epidural, which was an extremely attractive notion to me, exhausted as I already was from our long weekend of anticipation. I found that when I was lying on my back I was most uncomfortable, so after my midwife finished her exam, I asked for her help to sit up on the edge of the bed. I also asked my husband to get our iPod and speaker out of his bag, and to put on my Yo-Yo Ma albums. Yo-Yo Ma's Bach Cello Suites D1 and D2 had been my constant companions throughout nursing school and I knew each rise and fall of the music. As the familiar Prelude to the Cello Suites began, I felt myself begin to relax. My midwife dimmed the lights in the room and told me to picture my contractions as waves, to let them wash over me and then to say goodbye to them when they were done. Around 5:30 a.m., I asked my husband to call our parents to let them know we were at the hospital. My parents would be traveling to the city from Vermont, and I wanted to give them sufficient lead time; my husband's mother lives about 45 min outside the city, and she hit the road soon after my husband called her.

I recalled from our childbirth education class that our instructor had commented that when she was in labor, her focal point was the glowing light on the baby warmer. I saw a similar glowing light on a fixture on the room's wall, and I focused my attention on it. My legs dangled over the edge of the hospital bed, not quite hitting the floor, and I grabbed my husband's left arm with my right hand, squeezing him tight as my contractions continued. My mind wandered, and I felt like I was experiencing labor in a haze, half asleep in a dreamlike state. I was unbelievably thirsty; I had continued to vomit when I arrived at the hospital and, despite the fluids being pumped into me, my mouth was dry. I knew the hospital's rationale behind denying laboring women food and water, but in the moment, it made no sense to me. I was drained, the last calories I had taken in on Sunday were long gone, and although we were left alone most of the time, I forgot to ask my husband to give me something from our hidden stash of water and granola bars and hard candy, inspired by a story in Ina May's *Guide to Childbirth* of a laboring woman who had snuck into a corner of a hallway

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of her hospital to wolf down a turkey sandwich for energy.

My midwife and nurse took turns coming into my room and checking on me. Around 7 cm, my midwife broke my bag of water. I felt an immediate warm gush of fluid, and as I sat on the edge of the hospital bed and leaned on my husband, fluid continued to pour out from between my legs. In contrast to my vision that I would be walking the halls of the labor and delivery floor with my husband, gravity working its magic to help my labor progress, I had no drive to get up and walk around, or to bounce on the birthing ball my nurse had rolled into the room. None of my care providers suggested I move from the bed. At times, I thought I might be more comfortable on my side, but as soon as I was helped into that position, I felt terrible, and adjusted to sit up again. My nurse, and the nurse who relieved her at change of shift, both commented that they could not believe I had not had an epidural, because in their view I was so calm. I felt that my body had taken over for my mind and I was merely along for the ride, enduring the experience.

I have no sense of how much time passed in this way, sitting on the side of the bed, moaning through my contractions, failing to call up the wave imagery at times when it hurt too much; but at some point, I had the strong feeling that I had to have a bowel movement. My nurse told me that this meant I was probably ready to push, and I responded no, I just really think I have to use the bathroom. I told her I was feeling a lot of pressure, and she asked what kind of pressure and then said, I think you are ready to push. She called my midwife, and my midwife came into the room. My midwife encouraged me to try to urinate before I started pushing because I had received so much IV fluid and my full bladder could make it more difficult for our baby to progress down the birth canal. My husband and my nurse helped me to the bathroom, and I felt immediate relief to sit down on the toilet. I never wanted to get up; sitting there, by myself, legs spread in an attempt to pee, I was the most comfortable I had been since arriving at the hospital. My midwife called out from

the room to see how I was doing, and said that if I couldn't pee (I couldn't), I should make my way back to the bed because in her entire career, she had only caught two babies into a toilet bowl and she did not want to do it again this day!

At one of my prenatal checkups, my midwife had explained that her preferred position for her patients to push, based on her years of experience, was a partially reclined sort of squat where her patient's hips would be apart, her knees held back, her right foot braced against my midwife's left hip, and her left foot braced against the nurse's right hip. Back in bed, I got into this position, and my midwife placed my husband at my left side, instructing him to support the back of my head. She then instructed me that I should wait for a contraction before I started to push, then put my chin to my chest and bear down with the force of the contraction, as if I was having a bowel movement. The force of my foot against her hip during my first push sent my midwife stumbling back, and she exclaimed that if I continued to push like that, our baby would go shooting out and she wouldn't be able to catch her. I tried again, but felt that I couldn't get enough resistance to push hard with my feet up in the air and placed against two human hips. My midwife commented to my nurse that I might be one of those women who was better off in stirrups. She asked me to recline on the bed, and helped position my calves and feet into the stirrups attached to the bed. I found myself laboring in a traditional lithotomy position, and thought about the irony of this situation, given that a midwife was the one between my legs. Based on everything I had read to prepare for childbirth, I knew that lying on my back would make it more difficult for me to push effectively, but in the moment, I didn't have the wherewithal to advocate for myself and suggest that perhaps I should stand and squat, or lean against the side of the bed, or something else. Still, for the first hour or so, pushing went pretty well. I understood the muscles I needed to access to push, and felt that I was finally back in control of the process. At times, I screamed and my midwife admonished me to push, not to scream. My husband had tears rolling down his face, smiling and encouraging me that I was doing great. He kept repeating, we're going to meet Shim soon, we're going to meet Shim! I fell asleep in between contractions, and started to feel drained and groggy and out of steam. I don't remember when, but at some point my nurse added a bag of Pitocin to my IV pole.

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About 2 hr into pushing, my midwife told me she could see our baby's head moving in and out with my pushes. She told me our baby was underneath my pelvic bone and that she didn't like our baby's position. The environment in my labor room became charged and serious. Even as I listened to my baby's heart rate decelerate as I pushed, I couldn't summon the strength to get her out of me. I was scared to hear her heartbeat slow down, and felt like I was having an out-of-body experience. I was no longer present in my body, but rather living in my mind, thinking about the babies I had cared for during my pediatrics and maternity clinicals, convinced that I wouldn't be able to get our baby out on time and that she would be born with a birth defect because she had suffered oxygen deprivation. I thought if our baby was hurt, it would all be my fault. I kept trying to push her out, and in between pushes, my husband put an oxygen mask on me. I was reassured when our baby's heart rate would go back to normal while I rested, and I had the strong sense our baby was hanging in there with me, that we were in this experience together and that she would wait for me to catch up to her. A pediatrician materialized, and my midwife explained that she had called the pediatrician because she was concerned about our baby's health because of the repeated heart rate decelerations. I tried to focus again, listening to my husband encouraging me while my midwife played bad cop, sternly telling me to try harder even as I screamed I was trying as hard as I could. My midwife said, you just need one really good push, and your baby will be out. She encouraged me to feel our baby's head, and I reached down between my legs and touched a spongy, hairy mass.

I felt a burning, tearing sensation as, in my final push, our baby's head and shoulders came out. I do not remember feeling the rest of her body slide out, or seeing her immediately after she was born. I also do not remember feeling the placenta come out of me. I heard our baby crying and I heard my midwife reassuring my husband and me that our baby was perfectly healthy. I never noticed the pediatrician leave the room, and my midwife told me later that upon hearing our baby scream and seeing her pink body, the pediatrician had left without even examining her. I was stunned, relieved, and tearless. Weeks later, my husband remarked that when I was having trouble pushing, he kept wondering why, because he could see the back of our baby's head and it didn't look that big to him. He then

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told me that it was only when I pushed our baby out and she turned her face and he took in the full scope of her that he realized how incredibly hard labor must have been for me. I heard my midwife asking my husband to help cut our baby's umbilical cord, and she was then placed on the warmer and given an APGAR test by the nurse. The hour during which my midwife stitched me up and my nurse catheterized me, releasing liters of urine, and I held our baby for the first time is a blur. I remember asking my nurse whether I could try to nurse our baby and, as I placed her on my left breast, she latched on with a force that surprised me at its effortlessness. I remember examining her tiny fingers, not as pink as the rest of her body. I remember when she was taken away to the nursery to be weighed and measured and bathed, and my parents walked into my room minutes later and I finally burst out crying.

My husband was a tremendous birth coach, and throughout my labor, he remained encouraging and loving. He also remained calm in the presence of my midwife's stern nature and the charged environment in my birthing room, even when he was scared about how long it was taking for me to push our baby out. My midwife was a battle-tested warrior, and she remained focused on getting my baby out safely and confident that she knew the best way to do this. Although her birthing room style at times chafed my vision of a supportive labor experience, without her, I can imagine that I might not have been permitted to push so long, or that I would have been convinced by a well-meaning health-care provider that it was in my and our baby's best interest for me to have an epidural or elect for a Cesarean surgery. I also believe that in our community, simply by possessing the title "certified nurse-midwife," my midwife was subject to heightened scrutiny of her practice in the hospital setting, and likely was experiencing enormous pressure from within to ensure that I remained healthy in my labor and that I gave birth to a healthy baby. My temperament is to rarely admit I need help and to personally shoulder as much responsibility as I possibly can, but reflecting now, I think I would have benefitted from the

presence of an additional, neutral support person in my birthing room, whose only job was to help me to advocate better for myself when I lost my voice. There is no doubt my birth experience will make me a better, more perceptive nurse.

Much, much later the day Eloise was born, when visiting hours were over and it was just the two of us in our room, I held my belly as I settled in to sleep, missing the feeling of our baby moving and stretching inside, and trying to reconcile that baby with the baby lying next to me. When I woke up early in the morning, and looked over at her bassinet, I saw her lying still, eyes wide open, staring at me. In that

moment, she became so familiar to me because her eyes were shaped exactly like my husband's.

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