A Family-Centered Cesarean Birth Story

Ann Tumblin, CD(DONA), BDT(DONA), LCCE, FACCE

ABSTRACT

This is the family-centered cesarean birth story of my twin grandchildren. Because of good prenatal education; a well-chosen, dedicated care provider; and parents with focus, I am able to share a beautiful birth story. I hope relating this story encourages other childbirth educators to present various options for cesarean in their classes, thereby educating the public about this beautiful opportunity if a cesarean birth is necessary.

The Journal of Perinatal Education, 22(3), 130–132, <http://dx.doi.org/10.1891/1058-1243.22.3.130>

Keywords: family-centered cesarean, birth doula

“It’s twins!” What a wonderful message for a grandmother to hear. But after the initial elation, this grandmother with more than 30 years of maternity experience begins to worry about all the issues that come with multiple pregnancies: prematurity, preeclampsia, bed rest, position issues, and more. Fortunately, this pregnancy continued smoothly for our family. The mother, Danielle, had issues such as nausea, shortness of breath, and sleep problems that come with carrying an extra supply of baby weight, two placentas, and two sacs of amniotic fluid. She hung in there and carried the babies for 37 weeks with only one week of bed rest.

Danielle had attended a birth doula training with me several years ago and had hoped for a birth center experience with a midwife. That was not an option for this multiple birth. What she experienced prenatally was a multiples specialist *and* an obstetrician with lots of appointments, tests, and ultrasounds. I was concerned about confidence-building but was happy to hear that her obstetrician, who works closely with midwives, was very much hands-off. I even had the chance to meet her.

These children lived halfway across the country from me. I was hoping they could find a multiples childbirth education class like the one we have in our community. No such class there. And the Lamaze educators in San Antonio were only offering private classes. I am a firm believer that the social aspect of childbirth classes is so powerful. Eventually, they found a group Bradley class, and joining the mothers of multiples group in town and multiples Internet groups proved helpful. Although I hoped to be there for the birth, we knew that with twins, there would be an increased possibility of an early birth. I wanted Mark and Danielle to have the special support of a birth doula so they engaged a local doula who proved very helpful in calming and assisting us with assessing the information about the local environment. Doula April was with us the morning of the cesarean but I was in the operating room.

At more than 36 weeks, signs of slightly elevated blood pressure and excessive swelling began. Baby B, who was larger (according to ultrasound), was still breech. This would be Danielle’s first birth so her pelvis was “untried.” The specialist put her on bed

rest at 36 weeks and believed she should birth the babies at 37 weeks. Ultrasound suggested that the babies were between 6 and 7 lb. So with these issues facing them as well as a holiday weekend when their obstetrician would be away, they decided to schedule a cesarean on the Thursday before the holiday weekend. Their obstetrician was offering them a family-centered cesarean but the other partners were not offering that option.

I immediately sent them a link to the YouTube video from England called *The Natural Cesarean* (Smith, 2011). Personally, I think family-centered cesarean is a better term than natural cesarean. Both family-centered cesarean and natural cesarean terminology indicate that the parents are very involved in the birth and the mothers are able to have the baby skin-to-skin immediately. And then, lo and behold on that very day, Sharon Musa (2012), on *Science and Sensibility*, authored a blog post about how the doula can help during a cesarean. My son, Mark, found that so helpful. Probably because he was reared in a home full of normal birth information, he was reluctant to agree to the decision to schedule a cesarean.

I arrived in San Antonio on August 29 and the cesarean was scheduled for the next day. We arrived at the hospital at 5:30 a.m. and immediately were told that only one person could be with the mother during preparation. So my son, doula April, and I took turns until the anesthesiologist arrived and asked, "Where is everyone?" That was when we knew the team the obstetrician had arranged was in charge. Mark came to get me and we both dressed in our operating room (OR) garb and waited outside the OR for a brief time while anesthesia was placed.

Then we were escorted into the OR with the iPad playing their chosen music (Laopaiboon, Lumbiganon, Martis, Vatanasapt, & Somjaivong, 2009). It wasn't long before the drape was dropped and while I held a mask over Danielle's face, she watched Lucas being born. Lucas was briefly examined by the pediatric staff and then handed to Mark for skin-to-skin contact. Mark had been told to wear a shirt that opens in the front and no undershirt. I helped him manage this. Lucas's parents were looking at him when the drape was dropped again and Olivia was born. The obstetrician did delayed cord clamping with her.¹ Danielle was feeling some nausea and the anesthesiologist added some Zofran into her intravenous (IV) fluid. Then Olivia went to the pediatric staff. Lucas came to me to be

Both babies were put skin-to-skin on Danielle's chest as they prepared for all of us to go to recovery. Olivia reached over and held her brother's hand.

put on Danielle's chest and Olivia went to Mark for skin-to-skin contact. In a few minutes, Lucas went back to Mark and Olivia went to her mother. Olivia began suckling. To provide extra support, I had my hand on the babies when they were on Danielle's chest. We were all excited and relieved to see two healthy, vibrant babies. After the closure was complete, babies were weighed in the OR and were 6 lb 11 oz and 7 lb 1 oz.

Both babies were put skin-to-skin on Danielle's chest as they prepared for all of us to go to the recovery room. Olivia reached over and held her brother's hand. This was when I was able to click my favorite picture of them holding hands. I was in awe of this remarkable birth and my beautiful grandchildren and their brave parents.

In recovery, our doula and Danielle's two sisters were invited to join us. A hospital lactation consultant was also called to help. The babies were doing well with breastfeeding. At this time I took a more removed place so the others could be helpful. It was fortunate that we were the only ones involved in surgery that morning and had the entire recovery area to ourselves.

I very much appreciated the efforts of Danielle's obstetrician to arrange a specialized team willing to go above and beyond the typical cesarean to provide the pieces to make this a family-centered experience. Danielle's obstetrician knew she had wanted a nonmedicalized birth experience and even though the cesarean was chosen, the birth experience would be especially a memorable one for the entire family.

Figure 1. Olivia and Lucas holding hands during skin-to-skin in recovery.

I am aware that this type of birth happens in some areas but usually not on a routine basis. I hope our birth story will help childbirth educators encourage their class participants to advocate for themselves. It was the obstetrician who arranged for this birth. She had performed a couple of previous family-centered cesareans but this was the first twin birth. Because we know that anesthesia is one of the most important, if not the most important piece, it may be valuable for the mother and her partner to have an appointment with an anesthesiologist to discuss their desires. In a hospital environment where this has never happened, it could be easier to arrange for a scheduled cesarean. Once the hospital staff realizes that this process is not difficult, then the procedure can filter into the unscheduled cesarean.

Change takes time and we must focus on finding the staff and obstetricians most likely to adapt their practice to make a necessary cesarean a magical memory for the parents as well as providing evidence-based care to their patients. As someone who has helped parents affect change since the 1970s, I know change takes time and it is the parents that need to make the requests for special care. And we as childbirth educators can help parents learn about their options and direct them to health-care

providers who are open-minded to making changes toward evidence-based, family-centered care.

NOTE

1. Later the obstetrician discussed with me how to provide delayed cord clamping for first twin.

REFERENCES

- Laopaiboon, M., Lumbiganon, P., Martis, R., Vatanasapt, P., & Somjaivong, B. (2009). Music during caesarean section under regional anaesthesia for improving maternal and infant outcome. *The Cochrane Collaboration*. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006914.pub2/abstract>
- Musa, S. (2012). *A doula facilitates skin-to-skin in the operating room*. Washington, DC: Science and Sensibility. Retrieved from www.scienceandsensibility.org
- Smith, J. (2011). *The natural cesarean: A woman-centered technique*. London, United Kingdom: Jentle Childbirth Foundation. Retrieved from www.JentleChildbirth.org.uk or www.youtube.com/watch?v=m5RIcaK98Yg

ANN TUMBLIN has been teaching childbirth education as an LCCE for more than 30 years. She is also a birth doula and a birth doula trainer with DONA International. She is a facilitator with Passion for Birth Lamaze Education Program. Ann has been present for three out of four of her grandchildren's births. She lives in Topsail Beach and Raleigh, North Carolina.