Robyn's Birthing Story

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ABSTRACT

This "Celebrate Birth!" column describes the experience of a long-time childbirth educator who attended the birth of her granddaughter Cora, her daughter Robyn's second hospital birth. She discusses how Robyn's instincts and confidence helped to overcome institutional issues to provide a good and safe birthing experience.

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I have been a certified Lamaze educator for 35 years. I have taught classes in various settings including a hospital, an adoption agency, an alternative school for pregnant teenagers, and a prenatal clinic as well as private practice. I was thrilled when our daughter, Robyn, wanted her dad and me, along with her husband, Chris, to be with her during her labor and birth. Because we live a 5-hour plane ride away from her home, she feared that we might not make it to her birth in a timely manner. To cover all of her bases, she also employed a labor doula.

Robyn decided to give birth to her baby at the same hospital where their first child, Graham, was born 3 and 1/2 years earlier. However, for this birth, she chose to give birth with a midwife in attendance. She interviewed several midwives and selected a highly recommended group. During her prenatal visits, Robyn got to know all of the individual midwives in the group. Unfortunately, midway through her pregnancy, Robyn learned that the hospital

where she planned to give birth does not permit midwives to deliver their patients. Because the hospital is a teaching hospital, the midwife can be present for the labor and birth to oversee the residents who actually deliver the midwife's patient. I tried to encourage Robyn to give birth at a different hospital, which would allow midwives to deliver their own patients. Although she and Chris were disappointed that she would not be delivered by her midwife, they did not want to change hospitals.

Four days before her expected date of confinement at approximately 4 p.m., Robyn was awakened from a nap by contractions. They were not strong or long. She showered, played with her son, walked around the house, and rested with Chris.

We had planned to prepare stir-fried chicken and vegetables for dinner. However, the contractions kept coming, and by 6 p.m., they were 8–10 minutes apart. I felt that the planned stir-fry was too involved to make, so we ate leftovers. Robyn called her babysitter to come to the house. When contractions got to be about 4–6 minutes apart and lasting about 30 seconds, she called her doula, Nancy, and her midwife, Katie. The sitter arrived and finished

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putting Graham to bed. At approximately 9 p.m., we decided to leave for the hospital.

Robyn, Chris, her dad, and I arrived at the hospital at 9:30 p.m. She was examined in a tiny triage unit and was determined to be 3 cm dilated. We were advised by the nurse to either go home or to walk around the hospital halls until things progressed further. Robyn did not want to go home because her first labor had begun in a similar manner and then progressed rather quickly. Therefore, we all walked with her around the different hallways of this large hospital. Nancy, the doula, joined us, and we took turns holding hands with our patient as we walked together. Robyn leaned on each of us throughout the walking and would stop to do slow chest breathing when she felt stronger pain.

At approximately 10:30 p.m., Nancy urged Robyn to rest on a sofa in a lounge area. With all of us nearby, she rested for a while, lying on her side. About an hour later, she felt quite uncomfortable, so we went back to labor and delivery. At this point, she was 4 cm dilated, so she was admitted.

Initially, the only room available for us to use was a small storage/cesarean birth semiprivate recovery room. Robyn kept herself mobile and had to walk down a long corridor to use the bathroom many times. In the room, we tried to be as quiet as possible so as not to disturb her postoperative roommate. Robyn continued to keep her body relaxed. She did panting breathing during contractions, changed positions regularly, sat up in the bed, and squatted often. Chris was very supportive. He massaged her back and provided wonderful and supportive verbal encouragement. Nancy and I massaged her shoulders and back a bit. Her dad, Paul, was in and out of the room showing his care so lovingly for his daughter. Her midwife and the obstetrician (OB) resident, who happened to be a good friend of the couple, checked on her and supported her confidence and efforts. By 3 a.m., she was 9 cm dilated, and labor was intense. The resident offered to rupture her membranes to speed things up, and Robyn agreed to have it done.

Finally, a real labor and delivery room became available. It was spacious and comfortable for all of us. Following her own comfort needs, Robyn put herself into an upright kneeling position, facing and leaning on the head of the bed for support and comfort during her last contractions. She became so very hot that she threw off her clothing. Then, suddenly,

she had to push but could not turn herself around because the urge to push was so intense. She gave birth, upright in a kneeling position, with the nurse shining a flashlight on her perineum so that the resident, Meredith, could see as she guided Cora out into our world at 3:21 a.m.

We were all by her side except her dad, who listened to everything from the hallway. As soon as Cora was born, Meredith put the baby on the bed and Robyn maneuvered herself around to a semisitting position and lifted her baby to her chest while the umbilical cord was still attached. Within 5 minutes, Cora started rooting, and within 10 minutes after birth, she began sucking at her mom's breast. Then the cord was cut, the placenta was delivered, and a small tear was repaired.

All of us, including Paul, gathered around in awe to rejoice and admire this new nursing couple.

I felt proud of my daughter, her strong will, her stamina to give birth without drugs, and her ability to follow her own instincts throughout her labor and birth. She gave birth with absolute confidence. This was a true family affair—mom, dad, grandmother, and grandfather, along with doula, midwife, and OB—all working together toward a safe and loving birth.

MARIAM NOEL MURGIO first became acquainted with Lamaze when she and her husband took a childbirth preparation course in 1970 before the birth of their first child. The tools she learned gave her the confidence for a good birth experience and motivated her to teach others. She has been a certified Lamaze educator for more than 35 years and has taught classes in various settings, including a hospital setting, adoption agency, alternative school for pregnant teenagers, prenatal clinic, and private homes.