Our Three Children

Tim Dolan

ABSTRACT

In this column, a father shares fond memories of the births of his three children in the 1970s. His story highlights the importance of knowledge and a willingness to speak up to have a positive birth experience. Although the births—an unexpected cesarean, a vaginal birth after cesarean, and a home birth—took place decades ago, the choices this couple faced and the challenges they experienced are not too different from today.

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My wife and I were asked to share our birthing experiences from the 1970s after I read and commented on an article in *The Journal of Perinatal Education*, which crossed my desk recently at work. Reading the article had brought back some fond memories (and some difficult ones as well), but I thought that some people might enjoy hearing this saga.

We became pregnant with our first child in 1975, and as everyone in the counterculture did in those days, we enrolled in Lamaze classes to prepare for this big event. My wife, Connaught (Connie), had previously had a daughter, so some of this was not new to her, but it was all news to me. All of the changes over the 9 months of waiting, the difficulty of having what appeared to be a breech baby, and all of the choices that are placed on new parents combined to cause both great anticipation of the birthing event and some serious stress on all three of us. Blissful baby did not know that he was in the wrong position, but mommy

surely did! Our Lamaze instructor had offered her opinion that the baby would be born on November 12, citing the full moon and other California cosmic facts. At 12:05 a.m. on November 12, we went into labor.

The hospital is pretty intimidating for most people, and we were no exception. After several days of sleepless nights during which contractions occurred irregularly, we arrived at the hospital tired and ready for this birth to occur. Hours of hard labor followed, but actual dilation did not: The constant activity of the hospital personnel provided interruption after interruption, and Connie became increasingly distracted. After several references to decelerations and indications of fetal distress, the idea of cesarean was brought up: Once that occurred, it would become the focus of the medical team who correctly desire a good outcome at all costs. After several more hours of nonprogressive labor, Connie was sent to surgery and I to the waiting room. After some difficult interactions with the nursery staff—I wanted to hold my son, she wanted the baby to remain in the incubator—I got to touch my son. Shortly thereafter, an ICU nurse arrived,

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and we were led to the room where we would spend the next 3 days trying to avoid hospital food and the nursery and its controlling head nurse. We went home and resumed our normal lives, which now included a son.

When we became pregnant with our second child, we immediately began to do research on vaginal births after cesarean (VBACs), having heard that such things were both possible and in some cases quite doable. The majority of research was being done in Europe, with the findings suggesting that, if the pregnancy is normal in all other respects, VBACs were at least being tried in the hospital setting, where safety for mother and child was the major objective. We approached our doctor with this bombshell. To his credit, he was receptive to the idea while not entirely comfortable. But being the good partner that he was, we agreed to try and continued with our research on the issue. During the next months leading to the birth, I became more concerned with the risks involved with VBACs—there just wasn't that much information around and certainly the medical community wasn't totally on board with this unconventional wisdom.

The agreement that we made with the “medical gods” was that, if we didn't dilate 1 cm per hour, they would do a second cesarean. We agreed and made

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peace with that limitation. When the time arrived to head to the hospital, we were filled with anticipation and a bit of fear (of the unknown, not the hospital personnel). We were made comfortable in a labor room and started the process. People coming in and out of the room every few minutes, oblivious to the fact that their constant entry and exit was a major distraction to Connie's “work.” Finally, after several hours of nonprogression, the head nurse arrived and made an extraordinary suggestion: “You should go home,” she said. I couldn't believe what I was hearing. She continued, “If you stay, the C-section is going to happen. If you go home, take a shower, have some breakfast, you still have a chance to do the natural birth.” Connie dressed and off we went, arriving home in the early morning and going about our business. Connie took a shower and relaxed in the warm water; I made breakfast and got ready to feed my wife. Then hearing a loud groan from the bathroom, I went to see what was going on. “My water just broke” was the announcement, so we continued with the breakfast plan and slowly made our way back to the hospital. The same shift personnel were on the floor, and we returned to a labor room and continued our efforts. Shortly thereafter, a candy striper arrived—seriously, in a red and white striped outfit—and pushing the dreaded fetal monitor as she asked, “Do you mind if we use the fetal monitor?”

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My response was quick and rather decisive as I told her to remove the machine from the room, which elicited a visit from the head nurse. I explained that I believe that the monitor was not an effective tool and would prefer that we not use it. I went on to state that every time the door opened, everything that Connie and I were doing stopped and that we found the disturbances to be a major impediment to concentration. This amazing woman then told me that she was going to leave us alone for an hour—if I would agree to informing her if things got dicey. We agreed on that plan and, true to her word, we didn't see anyone for an hour. That time was spent in nearly constant contractions and, at the end of the hour, the head nurse reappeared and pronounced that Connie was fully dilated and ready to give birth. Unfortunately, the doctor hadn't arrived yet, and we'd have to wait for him. This wasn't a problem because it provided a rest for everyone. The doctor arrived, the baby was birthed in two pushes, and we were the first experience of VBAC at that hospital. Several hours later, we insisted on leaving the hospital and returned home with son number two in our arms, mother and child both healthy as horses!

That brings us to our daughter. I am not sure exactly where this idea came from, but in all probability from the midwife who resided in the house

next door. A very experienced and well-known woman in our area; she said that if we wanted to try a home birth, she would attend, would enlist another midwife so that there would be plenty of help and another experienced person on board to ensure that we were safe. We had agreed with the doctor that we'd exercise care and put safety first—we were three miles from a hospital and had no desire to have any problems with this birth. As we expected, the birth was perfectly normal. No drugs were available so none were taken, no operating room waiting for the next procedure, no problems of any kind—just a normal, eventless birthing at home. Once the placenta was birthed and there were no signs of bleeding or any other irregularity, Connie got up and each of us got our orders. I got sent to the store for something (I don't remember what was so pressing) and number one son got to hold his sister as number two son slept through it all. Life went on peacefully without the hardships of dealing with postcesarean difficulties, postoperative pain, and medical issues.

Now, I say this with all respect for the medical profession and the people who work so hard to control the outcomes of the birth experience: Sometimes less is more. Our experience with birthing after a cesarean is not intended to give advice to anyone. It's just a story about the facts related to our childbirth experiences. Many, many things that seem unlikely or overly difficult—VBACs—can be successfully done if the team around the growing family is supportive, informed, and willing to try to bring about the outcome hoped for by the patient. As long as the patient is informed and cooperative, and willing to stand her ground when confronted with conventional practices, a partnership can exist which avoids unnecessary risk and brings about a normal end to a wonderful experience. Bringing children into this world and beginning the journey of parenthood should be a healthy and happy experience.

TIM DOLAN was born in New York, raised in Pennsylvania, and moved to California in 1972 after graduation from college to explore personal freedom in the Golden State. While living in San Francisco, he met a young woman who was dancing with the local ballet company and fell in love. Three years later, they began our journey into parenthood together: Their first child, Sayre, was born in 1975, followed by Jascha in 1977, and finally Alia in 1979. Today he makes his living as a financial officer in a community health clinic in Ukiah, CA, while his wife, Connaught, teaches ballet in a school she founded in St. Helena, CA. They have five grandchildren, whom they are spoiling with love and attention.