The Lilly and the Rose

By Hope Hathaway

Chapter One

"I can't". "I just can't do this anymore. "*I really can't.*"

Lilly's words were not a question nor were they a request. They were just a statement of fact, a description of the temperature of her inner world, which had reached the boiling point. She wondered if she would be able to cope with whatever happened next. While there was desperation in her choice of words, below that was a plea for help and a hope that she was wrong. Maybe she could do it after all, maybe someone or something would help her. Maybe there would be a miracle. She was not giving up, just communicating a profound truth about herself.

Lilly was 33 years old and in the throws of active labor with her first baby. She had all the outward signs of working hard, her face flushed, fine perspiration on her upper lip. Her long hair kept slipping sideways out of the barrette, giving her a kind of punk look. She was standing at the foot of her bed, leaning forward to rest on the footboard between contractions, upright and swaying back and forth during each contraction.

Her husband and one of her women friends took turns handing her a recharge drink to sip between contractions. It was a ritual that reminded her of the old fight movies she saw as a kid. When the bell rang at the end of each round, the boxer would stagger over to a little stool in a corner of the ring and sit there while the trainer held a cup to his lips, insisting that he drink. The contractions felt a bit like a round in the boxing ring, only fighting against an invisible opponent. When they were over, she felt the kind of relief that the fighter a must have felt when the bell rang. Only she didn't spit her drink of water into a bucket at the end of every round, like the boxer in the movies always did.

Lilly was wearing only a faded pink tee-shirt, which is to say, she was naked from the waist down. Her water had already broken and occasional drops of pinkish amniotic fluid puddled on the floor between her feet. Lilly had become oblivious to her normal ideas of modesty and fastidiousness after 30 hours of warm up labor, almost no sleep and so far, 8 hours of long, strong and close together contractions. During her pregnancy, she'd worried a lot about being undressed in front of strangers. In reality, there were no strangers present, just her husband, her two of her best friends and the midwives. Then there was the "yuk" factor -- body fluids and the like. But none of it mattered to her now, which was a pleasant surprise.

While lost in these thoughts, another contraction gripped her. She moaned and her breathing changed. In unison with her husband, they breathed together thru the now familiar pattern of short normal breaths in and long slow breaths outs. Instead of the usual 20 shallow breaths each minute that is the norm for everyday life, Lilly's breathing pattern changed during a contraction to only 6 to 10 breaths. As each contraction started, Lilly switched to a series of short inhalations, each one followed by a long slow exhalation which lasted 7 or 8 seconds. She let the air out ever so slowly and evenly, the way one holds a musical note when singing.. This pattern wasn't invented by childbirth educators. It had been used by monks around the world for centuries. They called it "contemplative" breathing and believed it to be one of the keys to enlightenment.

During the contraction Lilly's husband lightly stroked Lilly's back or her arms. The downward motion of his hand was coordinated to match each slowly exhaled breath. Then his hand returned to the top of the cycle and started down again with the next exhaled breath. Lilly and Brian's eyes were riveted on each other, unwavering, like someone threw the switch on an electro-magnate. It was as if she could pull his energy through the thin air that separated them, to help her ride the giant waves of energy and pain. While labor is different for every women, for her it was like being shoot into space, as she spun around in a world that was, well, out of this world.

Rosanna sat quietly, actively watching but physically still and calm. As a midwife and a mother herself, the pain she observed struck a deep personal note. She was interested, emotionally engaged, but not upset or afraid. Obviously, she'd made peace with pain, an acceptance that allowed her to look for ways to work with it, rather than rage against it. Midwives described the

pain of labor as “pain with a purpose”, pain that makes up for its bad manners by giving you something back, something very special.

It is not unusually for laboring women to “hit the wall” about a half an hour before they are become fully dialated and are about to give birth. Rosanna had seen it hundreds of times, even though none of these laboring women had ever met each other, or even seen another mother give birth. None the less, the words that came out of each women were virtually identical – “I can’t do this anymore”.

Midwives welcomed these words in the spirit of “Oh good, things are progressing, we’re going to have a baby soon and I’m going to get to go home and get some sleep”. If Lilly had been in a hospital, her expression of pain and doubt would have obliged the labor room nurse to offer an injection of narcotics for pain or call the anesthesiologist to put in an epidural. It’s the law that hospitals have to offer medication or anesthesia whenever a patient complains of pain. But this mother had chosen to labor at home and if her labor remained normal, to have a planned home birth. There would be no drugs for pain unless she changed her mind and they went to the local hospital, a short ride of perhaps 20 minutes.

Lilly’s choice to labor at home was not triggered by any unusual bravery or counter-culture philosophy. It was pretty simple. She didn’t want to have to labor lying down in a hospital bed, hooked up to electronic equipment. Most of all, she didn’t want to wind up having an unplanned Cesarean. Two of her best friends had a baby in the last year and Lilly was at the hospital both times. As a result of this experience, she was no longer confident that hospitals were the best place for healthy women like herself, who didn’t want to be treated like their pregnancy was a dangerous and disabling disease.

Instead Lilly elected to manage the pain of labor using methods that childbearing women around the world and through all time have relied upon. This starts with an acceptance of the idea of labor pain, moves on to a ‘village’ of one’s own, that is a gaggle of people that you already know and like and who pledge themselves to hang in with you, to be emotionally supportive and physically present and helpful, no matter what happens, no matter how long it takes. Last but not least it acknowledges the basic biology and psychology of childbirth. For Lilly, the

psychological part was an intense need for privacy and to have her family and caregivers be patient with her. As for biology, she needed to be able to be upright and free to move about when she was in labor.

Early in the warm-up phase of labor Lilly walked around, which kept her from getting anxious and also helped her labor to progress. She'd rented a deep water birth tub to use during labor but the UPS truck didn't deliver it in time. So instead she spent hours sitting on a plastic stool in her in own shower during the middle hours of active labor. She was grateful for the sensations of the hot water running over her skin. It helped to have something to feel other than the pain of her cervix being slowly stretched open.

Some smart aleck in her childbirth class said "contractions in labor don't hurt, really they don't. It's not the contractions, it's *the expansion* that's the real bitch!" This concept referred to the intended purpose of uterine contractions, which is to stretch the cervix open in tiny increments by using the baby's head as a dilating wedge. This continues for many hours until finally the cervix is fully retracted – usually referred to as 10 centimeters. Sitting in the shower, that was exactly what Lilly was feeling -- the searing sensations of her cervix expanding a bit more with each contraction. She finally got the joke about 'expansions'. However, it didn't make her laugh. Maybe it would later.

The sound of the running water was soothing and she appreciated the privacy and dim light of the shower stall. Her husband checked in on her from time to time. The midwives came in every half hour to listen to the baby's heartbeat with a Doppler. They encouraged her to drink a little and asked if she needed anything else. Invariably she said, "yes, *I need this baby to be born*". They nodded their heads, smiled, said nothing more and quietly left the room. She was glad to be alone again in her steamy aquatic cocoon.

Word Count 1541

Chapter Two

"Let's promise to be there for each other, no matter what" said Rebecca. It was six months earlier and the three friends had just finished the final class in a childbirth preparation series held in the basement of their local hospital. All three were expecting their first baby. Sarah was due in two weeks; Rebecca's baby was expected in two months. Lilly was just beginning to look pregnant, so she had the longest to go.

Lilly, Sarah and Rebecca met for the first time two years before in a cooking class at *Rosa Pistola*, the most popular restaurants in town. The three women found themselves assigned to the same table, sharing a cache of cooking utensils and a small gas grill. As they mixed batter for the crepes and made a white sauce for the fish, they gradually got to know more about one another. Lilly discovered that she and Sarah had attended the same college back east as undergrads, although they'd never crossed paths on campus. And even more surprising, Sarah was now working as a political consultant for her husband's uncle.

Rebecca was considerably younger and had only been married for a year. But she definitely had the most interesting occupation among them. While she was still in high school she'd gotten hooked on woodworking in a shop class. Then she taught herself to make musical instruments – dulcimers, guitars and violins. Now she was master craftsmen with her own woodshop on their farm outside of town. She also played a mean fiddle, making her very popular in the local folk dancing circuit.

Lilly and Sarah, who were both hard-driving professionals, had been attracted to Rebecca's folksy, friendly ways. They were fascinated by someone whose life was so practical and down to earth. It was the path not taken. Unlike Rebecca, Lilly and Sarah often found themselves trapped in their own heads by the obsessive traits it took to successfully complete so many years of formal education and their compulsion to keep up the pace in the professional marketplace. Rebecca's simple perspective on life was refreshing.

Since all three couples loved to eat at Rosa Pistola, it didn't take long before they were scheduling nights out together at their favorite restaurants. Then they took turns inviting one

another over for dinner, as each of the women tried their hand at the exotic recipes learned in cooking class. While dinning on crepes aux deux fromages, penne pasta with prosciutto or psari sto foruno – a delicious Greek recipe for baked fish – the six of them explored topics of vital interest in their own lives. For the girls, the topic de jour was most often if and when to start a family. The guys listened politely for a while (so's not to be accused of being stereotypically sexist!) and then they drifted off to talk shop or watch a sports event on the telly.

To be honest, the intimate details of pregnancy and childbirth were not their cup of tea. When it came time to push, guys didn't have to worry. They just assured their wife that they had every confidence in her and he (the husband), was sure she (the wife) could do it. Then they counted to ten out loud while the little woman laid on her back with her feet in the air, turning purple in the face while she tried to push that GREAT BIG THING out of that teeny weeny little place!

"I love my job" said Sarah. "My career is going better than I ever imagined. I just can't quit to have a baby right now.

Lilly interrupted: "I know what you mean. It never seems to be the right time to make a baby. Sometimes I'm nostalgic for the good all days when women just got pregnant without out all this purposeful planning and agonizing over it".

"But I don't want to wait so long" Sarah continued, "that Steven and I have to use all kinds of expensive high-tech fertility stuff – you know, IVF, the risks of having quadruplets, babies in the intensive care nursery for months after the birth, all that stuff. I'm pretty convinced that sooner and normal is better than later and high tech".

"Well, I am happy to say that we aren't doing anything to keep it from happening. Dave and I are just leaving it up to Mother Nature" said Rebecca.

"That's the spirit Rebecca. You're the brave one in the bunch. For me, I've got to have some control over when and how it happens. I want to find a good obstetrician first, someone I like and can trust. Then, ready or not, I've got to take the leap before my ovaries run out of eggs. At 37, I

know my biological clock is starting to wind down" said Sarah with an edge of panic in her voice.

"Do you have any plans for the labor and the birth? Are you the 'bite-the-bullet natural childbirth' type or the 'give-me-my-epidural-in-the-parking-lot' type?" Lilly was addressing her question to Sarah.

"I'd like to keep it as normal as possible. Of course, if there is something wrong, I'd let them do whatever they need to but I'd rather not have a lot of drugs and the like."

"Yea, me too. Nothing heroic, just a normal birth. I'm strong, I'm healthy. I used to go backpacking in the Sierras every summer and cross country ski every winter. I know how to do hard work, I can handle moderate levels of pain. I'm not crazy. I can't think of any reason for me to need a lot of medical interventions unless there's a big problem" said Rebecca.

Over the course of the next year, all three women conceived using the old-fashioned, low-tech devise known as a frisky husband. Sitting around Rosa Pistola one Friday evening and discussing their various due dates and doctors' appointments, they all decided they should take a birth prep class together. There was some kind of natural symmetry in that, seeing as how they all met in a cooking class and now all three had a 'bun in the oven'.

The instructor was a nurse from the L&D unit of the hospital. She showed them charts with graphic depictions of uteri and cervical dilatation. She said 'vagina' a lot more than they'd ever heard it used in public. She informed them that the hospital had a 34% C-section rate. Then she had them look around the room at each other and note that of the 21 pregnant women in the room, 7 of them – one out of three – would deliver by Cesarean.

She taught them all to "breathe", as if they hadn't already been breathing 20 times every minute round the clock for 3-plus decades. She assured them that such specialized techniques would indeed permit them to manage the pain of labor without drugs. When asked about the hospital's epidural rate, she readily admitted that more than 90% of her labor patients had epidural

anesthesia during labor. When class members did the mental math, they realized that only one out of ten of them would actually succeed in using these methods during labor.

But their resolve to learn natural birth techniques was unchanged and they willingly schlepped pillows to class with them. They laid on the floor on flimsy exercise mats, with pillows stuffed under bony body parts to prevent the instantaneous onset of gangrene, as their pregnant weight pressed into the hardwood floor.

Their husbands sat at their sides and timed pretend contractions and breathed with them while they both pretended the baby was coming out. The teacher simultaneously instructed them in the finer points of pushing and had them assume the position – lying on their back, heads propped up on pillows, knees bent, legs pulled back and spread wide open. Then she warning them not to *actually push*, just pretend to push, because "it could hurt the baby" if they pushed when they actually weren't fully dialated. All very confusing. There were eight classes, each of which lasted an excruciating 2 ½ hours.

The last night of their birth class was the grown-up version of "Show and Tell", as three couples who had 'graduated' from an earlier series of classes came back to "tell all" and show off their collective prizes – a trio of sweet little newborns!

The first two stories were distressing and similar. The labors didn't quite go as expected, either didn't start on time or didn't keep up at the expected pace. A lot of drugs were used to remedy the perceived failures of Mother Nature. Drugs or anesthetics wanted by the mother seem to come too late, or to be given in too small a dose. Drugs or anesthetics *not* wanted by the mother were deemed by the medical professionals to be absolutely and instantaneously necessary and administered in very big doses that made it really hard to push and didn't wear off for days.

Eventually their babies came out, either "from below" (vaginal birth) or "from above" (C-section). This second option was also referred to by the instructor as "Plan B". The only advice these couples could give the expectant class was to stress how important it was to have the help of a relative or doula during labor, so that husbands could get some sleep and leave occasionally to get something to eat, since labor was going to last about 40 minutes longer than forever.

Then the third couple stepped to the podium, looking both sheepish and pleased with themselves all at the same time. Their story was straightforward. The doctor told them not to come into the hospital until the contractions were 3 minutes apart, lasting for a full minute and so painful the mother couldn't talk during the contraction and things had been that way for *at least* 2 full hours.

So they kept waiting and waiting for the contractions to measure up and then, well, she thought she had to go to the bathroom, you know and well she felt something really unusual, kind of a burning sensation and "Oh my gosh", her husband said, "I think I can see the baby coming" and sure enough, she was having the baby right there, sitting on the toilet in their bathroom. She just stood up and the dad-to-be managed to get both hands between her legs to catch the slippery thing.

Of course he immediately called 9-11. The fire department arrived with sirens screaming and lights flashing, followed immediately by the ambulance. Several firemen in hip boots and helmets and EMTs in heavy combat jackets crowed into their little bathroom and somehow lashed her to a stretcher, which they maneuvered out of the house and into the ambulance for the two mile ride to the hospital. Someone else held the baby in the ambulance because the head paramedic was afraid she might drop it. Mom and baby stayed in the hospital for 2 boring days and then rode home comfortably in the family car, sans sirens or flashing lights, which was deemed by them to be preferable.

They kidded around that next time she got pregnant they'd have to move into the lobby of the hospital for the whole nine months. And yet, they were clearly happy with how it all turned out. People in the class suggested they consider having a midwife come to their house next time for a planned home birth. The couple blushed and admitted that they'd thought about it, but didn't want to do anything that might put their baby in danger.

After the last of the new parents left the scene, Rebecca had a far off look on her face. She seemed to realize the seriousness of their situation as childbearing women and also the fortuitous opportunity that their friendship and shared experience of pregnancy and birth classes provided.

As the six of them sat together on the floor in a little people pie, she blurted out “Let’s promise to be there for each other, no matter what”.

“What are you talking about Rebecca?” asked Sarah, wondering if Rebecca had suddenly lost her marbles.

“I think we should be there for each other during labor. We all know each other pretty well, we’re all smart and healthy, we paid attention in class. We ought to be able to beat the odds. You heard what the instructor said”. Rebecca was referring to the statistical likelihood that all of them would want or need an epidural and at least one of them would have a C-section.

Disturbing as that thought was, the idea of a buddy system did not make Sarah happy. It felt like a violation of her privacy -- too much togetherness and loss of control in front of her friends. She valued her friendship with Lilly and Rebecca, but she liked it best in small bites and on her terms.

As for Lilly, she was also not enthusiastic. She liked her two friends but, pardon the pun, she did not consider them to be ‘bosom’ buddies. For her the issue was modesty. She wasn’t accustomed to being undressed in the presence of her women friends. She planned on keeping her bosoms (and the rest of her anatomy!) to herself and her breastfeeding baby, thank you very much. She was even more uncomfortable with the idea of bodily functions occurring in front of an audience. She was the kind of person who closed the door when she used the bathroom and appreciated it when others did the same. She didn’t consider herself to be a prude, just a ‘properly’ private person.

Lilly and Sarah didn’t think of their discomfort and resistance as an intimacy issue, but it was. Supporting a woman in labor is an intimacy skill. Intimacy is about distance and closeness; it’s about letting only special people in, while keeping everyone at a psychologically safe distance. We each live inside our private biospheres – an 18 inch bubble surrounding us front and back, an inviolately space that only our parents, our own children, pets, lovers and emergency personal can penetrate without causing us to feel violated or reporting it as a crime.

The general rule of intimacy requires that everyone other than close family members must wait for an invitation before crossing these physical or psychological boundaries. However we sometimes grant intimate access only to find out, mid-stride, that we were wrong, we really aren't comfortable with that person after all. This is a truly awkward social situation that forces us to either tolerate a miserable distasteful experience or embarrass ourselves (and others) by speaking up. So the second rule of intimacy is to avoid this kind of awkwardness by not letting unvetted people in to begin with.

Into the ancient dance of intimacy comes the modern phenomenon of labor support -- fools rushing in where angels fear to tread. Persons present during active labor require a dispensation to all the social norms, just as if they were a family member. Labor support routinely penetrates the mother's biosphere, minute by minute for hours on end, thus flying in the face of our natural resistance.

However, a special 'laboring mom dispensation' balances off what would otherwise be an opened-ended, out-of-control situation. Unlike the rest of us, laboring women get to temporarily rewrite the rules of intimacy. They get a free pass to change their mind, and even change it back again, if they want – no blame, no shame, no need to explain, no regrets. They get to say "No, I'd rather you didn't do that anymore"; "I've changed my mind and now I want to be alone" or "Oooo yuk, that garlic pizza you had for lunch is freaking me out, can you brush your teeth or suck on a breath mint or just go away?"

From the standpoint of business as usual rules of intimacy, Lilly and Sarah had good cause to think twice about Rebecca's offer. Their childbirth instructor hadn't mentioned the 'active labor escape clause' to otherwise uncontrolled intimacy. Only the strength of their friendship, helped along by their fear of being seen as a prude, overcame their squeamishness. Grudgingly, with ambivalence and reservations, Sarah and Lilly agreed to "be there for each other". **Word count**

Chapter Three

Of the three, Sarah was the first to have her baby. Her desire to have a 'normal' birth didn't work out as planned. It was a familiar theme from the last night of the birth class. Eight days after her due date her doctor convinced her that it wasn't safe to wait any longer for labor to start on its own. After a long miserable induction and lots of other drugs, an epidural and an episiotomy, Sarah's baby was eventually delivered by forceps and whisked off to the neonatal intensive care nursery. The nurse said the baby was breathing a little too fast and they needed to 'watch' it for a while.

Lilly was disturbed by what happened when Sarah's labor was made into a medical condition. Tons of medical equipment harpooned her friend to the bed during labor, making it so painful that she had to have drugs for pain and eventually, anesthesia. That seemed to trigger a chain of inevitability that ended badly, at least from Sarah's perspective. She really expected to give birth normally, not have someone slice and dice her perineum and then use salad tongs to drag the baby out, who then had to be taken away for the first four hours of its life. This left Sarah and Steven alone without the baby at a time they'd looked forward to with eagerness.

Lilly was even more upset when Rebecca wound up having an unplanned C-section after a labor that was made similarly complex by medical interventions. After being in the hospital about 3 hours, the nurse told Rebecca that her doctor had called and was concerned that her labor was "going too slowly". The nurses made it sound like something was seriously wrong and the baby's well being could be compromised if Rebecca didn't immediately give her consent. An IV with Pitocin in it was started, which they said was just going to "enhance" her contractions. Then Rebecca was hooked up to the fetal monitor. She never got out of bed again.

Soon she was in agony with Pitocin-induced contractions that were right on top of each other, every two minutes and lasting longer than a minute. She didn't have enough time in between to catch her breath or recover before the next pain hit. She'd been adamant throughout her whole pregnancy that she was no going to let them give her any anesthesia, but after an hour of slam-bam contractions like that, she had no choice. The anesthesiologist was call and the deed was done.

The epidural added another layer of technology, as she now had a catheter in her back, a blood pressure cuff on her arm that was hooked up to a machine that automatic made it go off without warning every 5 minutes at first, then every 15 minutes. It startled her every time. Then they put a pulse oximetry device on one of her fingers (which make her look like ET!). Counting the IV and the Pitocin pump, this made a grand total of 6 plastic tubes or electronic leads wrapping around her from every direction.

Not only that but she could not longer feel her body enough to be able to pee on her own. Her bladder got distended and the nurse had to catheterize her. An indwelling catheter was left in place, attached to a long plastic tube that constantly drained yellow urine into a bag clipped to the side of the bed. The catheter and its bag made the 7th medical device that she was connected to.

Rebecca finally got completely dilated but never quite got the hang of pushing because she couldn't feel what was happening in her body. She was numb from the waist down and her legs couldn't hold her body up. It was like becoming a paraplegic on purpose. She made a yeoman's effort but it didn't help that she couldn't move around, get out of bed or make right use of gravity.

Since Rebecca couldn't move or hold up her own legs, her husband Dave and her friend Lilly stood on opposite sides of the bed and each supported one of Rebecca's legs, in the same position as they'd practiced in the childbirth class. It was similar to a squat, except tipped back at a 90% angle, with Sarah lying on her back. Eventually they all got into a rhythm. Rebecca held her breath and pushed, the nurse counted to ten and Dave and Lilly struggled to hold Rebecca's legs just right to get the most leverage to move the baby down.

As the hours passed the baby's heart rate began to rise from the normal baseline in the 140s to the 170s, which was a sign that the baby was under stress and getting tired. They put an oxygen mask on Rebecca, which made the eighth medical device appended to Sarah. But in spite of everyone's best efforts, the baby's heart rate eventually began to deteriorate, dropping down after every contraction, lower and lower as time when by and taking longer and longer to come

back to normal. After 45 minutes of this, during which everyone's eyes were glued to the fetal monitor (instead of the mother!), the doctor finally said she needed an emergency C-section.

The baby was OK but Rebecca's postpartum depression lasted for months. With all the pain pills she was on after the C-section, she and the baby got off to a bad start with breastfeeding. The baby was 8 weeks old before Rebecca could breastfeed normally. Before that she had to pump her breasts and feed him her breast milk in a bottle.

After Rebecca's birth, Lilly was absolutely sure that the hospital was not the best place for her. She couldn't imagine trying to cope with labor pains while trying to lie still in a bed, all tangled up in tubes and wires.

However, when Lilly first mentioned the idea of a midwife and planned home birth to Brian, he was so stunned that he was temporarily speechless. Why couldn't she just have a normal birth like all their friends and everyone in his family? Brian's mom was a nurse and agreed with Brian. After all, Lilly already under the care of an obstetrician, she should just stay with him and have the baby in the hospital like everyone else. It was safe, it was the responsible adult thing to do, it was American way.

Brian turned out be a real hard sell. His family was naturally conservative and careful never to upset the social apple cart. His uncle has just been elected to the state senate and his whole family felt a duty to exemplify patriotic perfection. That pretty much excluded anything "kinky", which was the category that planned home birth fit into.

Lilly and Brian talked for a long time and even had a couple of arguments before they finally figured out something that they could both live with. Bottom line for Brian was that he loved Lilly. If she really, really wanted to do this, sincerely believed it was the best choice for her, he'd support her choice because he loved her, *not* because he was convinced that a planned home birth was a good idea. But he would respect her wishes and promised to keep his misgivings to himself.

Word count

Chapter Four

“What are you feeling during the contraction?” asked Rosanna. “Is it starting to feel different?” It took several long seconds for Rosanna’s voice to penetrate into Lilly’s consciousness.

“It hurts” was Lilly’s reply.

“I know it hurts but it won’t be much longer” Rosanna said in a calm voice. “You’ve doing so good. You’re a champ. You’ve got a gladiator uterus. Are you feeling any pressure in your pelvis? Any of those ‘throwing up down’ feelings, like the dry heaves, only going in the opposite direction?”

Lilly shook her head to indicate “no”.

“Do you mind if I check you” Rosanna asked. “I think you’re close to being completely dialated. That means you’ll be ready to push soon and that’s usually a big improvement. As soon as you can do something active, it gets easier. I think the hardest part of labor is the middle, when you’re trying to stay relaxed and keep out of your own way, before you can let go and push.”

“But the vag exam is up to you. Some moms like to know how much progress they’ve made and others want to be left along. I serve at the pleasure of the mother, so its your choice. The rest of us will know you’re getting ready to have the baby when we can see the geography of your perineum begin to change.”

Lilly nodded her head ‘yes’ and lay down obligingly in the middle of the big double bed. Rosanna maneuvered Lilly’s hips over the blue disposable under pad, then pulled on a sterile glove and squeezed a little dollop of KY jell on her index and middle fingers. This was a strange thing to do – standing around someone else’s bedroom, in the presence of someone else’s husband and casually putting one’s fingers in someone else’s vagina. One of the strangest things about it was bumping into the baby’s head!

Rosanna, like most midwives, could be *lady-like* but was in no danger of ever being considered a real lady. Midwives have no couth. In Rosanna, this expressed itself as an irreverent sense of humor. She frequently remarked that she'd "had her hands up more skirts than any sailor".

But every adult woman has suffered thru various gynecological exams and being checked in labor. Rosanna knew there is no such thing as being 'casual' about a vaginal exam, what with the issues of privacy, potential violation of one most personal physical boundaries, and the impact of whatever diagnosis comes at the end. And when in labor, every woman wants desperately to hear that she is 10 centimeters and its all about to be over with.

As for Rosanna, her mind and her heart vied for dominance. Her mind needed to know the placement and other characteristics of the cervix, such as whether the cervix is easy to reach, thinned out and dilated. She also needed to know how far down the baby's head had traveled and what way the baby was facing – looking up toward the ceiling, still facing sideways or looking down, which is the statistically average and most favorable position for birth.

However, Rosanna was deeply empathic. Her heart was fully enrolled in helping Lilly to progress in labor so that her baby could be born. Midwives know that the only comfortable position in labor is with the baby in the mother's arms, awaiting delivery of the placenta. Technically, the 'birth' is not over – that is the mother is still considered to be pregnant – until the placenta comes out. So it is possible to be holding the baby and still be 'in labor', but the idea of this simile was simply to communicate to women in labor that "comfortable" was not on the childbirth menu. The goal was to cope well enough to be able to tolerate the next contraction. Tolerable was as good as it was going to get.

Rosanna knew what she wanted to feel before her fingers every parted the mother's labia. She anticipated the tightness, the warmth, and as her fingers traveled upward, finding the thin circle of cervix almost gone. Then her fingers would move to the center of that circle and palpate the top of baby's head, as it was being pressed down thru the 4 inch circle that is the mouth of the uterus after the cervix effaces and dilates.

Only after that cervical opening is fully retracted can the baby begin the 4 vertical inch journey down into the birth canal. However, at this point in Lilly's labor, the baby was just beginning to press down a few centimeters at the top of the birth canal. Rosanna could feel the suture lines, which are the edges of the four bone plates that make up the fetal skull. Their direction in relation to the mother's body -- either up and down or sideways -- gives important information.

She also could trace the shape of the 'soft spot' or fontanel, which is the place where these bones come together to form the cranial vault. At the very top of the baby's head, they form the familiar diamond-shaped soft spot (the anterior fontanel). At the back they make a triangle shape (the posterior fontanel). By identifying the placement of these fontanels, and the direction of the sutures lines, a birth attendant can figure out the baby's orientation in its mother's pelvis.

In Lilly's case, the baby was anterior, meaning that the back of the baby's head was aligned with the top of the mother pelvis. That was good news for Lilly. In an anterior position, the baby is looking towards the mother's back, with its small soft face fitting neatly in the hollow of her sacrum, thus assuring the best fit between baby and bony pelvis.

The opposite of anterior is a "posterior" position. In this case the baby is looking up, towards the mother's pubic bone. The biggest part of the baby's skull – the back of the baby's head -- presses backwards, into the mother's sacrum. This can make for a longer, more painful labor, causing a different type of pain described as "back labor". Luckily a posterior position is relatively rare and common midwifery techniques can help the baby to rotate in many cases.

There are a lot of reasons that childbirth is a troubling topic in the mind of the average person. In addition to the issue of invasive medical procedures, such as vaginal exams, there is the basic sexual nature of the terrain – genitals are normally considered to be sexual organs. Female sexuality is a big part of the general discomfort people have with the idea of childbirth. However, the association between a woman's genitals and sexuality virtually disappears when a woman is in labor. When one is expecting to see a baby emerge from the vagina, all attention is on the baby and the mother's body merely becomes the backdrop for this eagerly awaited event. It ceases to be perceived as sexual.

This idea is referred to in psychology books as a 'figure-ground' equation and demonstrated with the famous picture that is either a single tall vase or two faces looking at each other, depending on what the mind focuses on. In childbirth, it's like the mother's genitals become the stage for a concert or performance. Everyone sits around looking at them but not actually seeing them. It is the sort of looking that one does to see if the curtains have parted yet and the show has started and the star has come out on stage. The curtain and the stage are backdrop, of little intrinsic interest in and of themselves.

Rosanna finished the exam and removed her fingers from Lilly's vagina. As she slipped her exam glove off she smiled. Her head and heart both happy with her evaluation of Lilly's progress in labor. She loved to be able to give moms good news. And the good news for Lilly was that she was 8 centimeters dilated and the baby's head was at a zero station. This meant that she was just about to turn the corner into the pushing phase. Before long, it would be time for the midwives to set up the necessary supplies and equipment and get ready to receive the baby.

Rosanna was conveying this happy news to Lilly when the sound of the ringing phone pierced their reverie. The phone had rung several times over the last few hours but Brian always let the answering machine take a message. This time he answered the phone himself. It was Tomas Sellers, Lilly's father. Dr. Sellers, MD, East Coast neurosurgeon extraordinaire. Telegraph, telephone or tell-a-woman, who knew how but *somebody* spilled the beans. A leak in the family grapevine resulted in Dr. Sellers finding out that his beloved only daughter was in labor with his first grandchild.

He'd been calling for hours and was furious that his calls had been ignored or diverted to the answering machine. And could it be true (gasp!) that Lilly was planning to have the baby at home? Judging by the look on Brian's face, Dr Sellers was not a happy camper! Rosanna felt an irrational sense of foreboding. She hoped she was wrong but was steeling herself for whatever came next. It was likely to be unpleasant, at best.

Word count

Chapter Five

Over the last 6 months, Lilly's famous father had been the topic of many conversations between midwife and mother-to-be. Rosanna remembered the first time she met Lilly and asked her why she was interested in midwifery care and planning a home birth. In response Lilly, whose full name was Lilith, recounted a story about her first encounter with birth as a force of nature. She started by telling a little about her background and upbringing.

"I was born and raised in Boston, with all that East Coast high society hoopla. My dad actually knows the Kennedys and yes, as a child I got dragged to Hyannis Port to play with the third generation of Kennedy kids. I was all set up to follow the clan when my life took a sharp left turn during the spring quarter of my junior year in college. I was enrolled in a special enrichment program and by happenstance was assigned to a dude ranch just north of Great Falls, Montana. During the summer the ranch ran a program for emotionally and mentally disabled kids. It provided opportunities for them to learn independence skills by being away from their parents, living in a dorm together and being responsible for real work. Each kid was assigned to his or her own horse. They really bonded with their special horse, some of them learned how to ride. It was a great program" said Lilly.

"Late one night one of the mare's was giving birth to a foal. All the regular ranch hands were at the high school graduation in town, so I was pressed into service. I was really afraid I was going to be the only human present, but one of the older ranch hands got back about an hour before the big event. I was never so glad to see somebody in my life, because I knew didn't know what I was doing. I'll never forget what Zack said when it told him that. In that 'tough cowboy' kind of talk, he tipped his head slightly to one side, leaned forward and griped my shoulder and said:

"Honey, you got it all backwards, *you* aren't doing it, *the horse is*. Mother Nature is in charge of the big stuff, we're just here to take care of the details. The first detail is not to spook the mare. After that, our job is to protect her from strangers, bright lights, loud noises, sudden movements and other distractions. We do not to poke, prod or otherwise interfere one tiny little bit unless there is really a big problem. Our job is to sit still and watch. We help if she needs us, but she gives birth to the foal, not us. You got that?"

"Well, we took care of all those 'details' just like Zack described and sure enough, a few minute later the cutest little foal came sliding down the chute, staggered to its feet and found the mother's nipple for its first meal. That's what got me interested in becoming a large animal vet" said Lilly

"Unfortunately, my dad was horrified when I told him I wanted to be a vet. He wanted me to go to med school and be a neurosurgeon like him. He hates me living in what he refers to as 'Podunk Iowa'. I keep telling him I'm on the West Coast only a couple hours north of San Francisco, but he doesn't listen. He thinks I'm missing out on the good life because I live in a small town. Obviously he's never had psari sto foruno at Rosa Pistola's or he'd change his tune. We're lucky he doesn't know I'm planning to have the baby at home. Boy, would his undies be in a bunch". Lilly gave a big laugh when she said this.

Friday night, 11:30pm

Well, Dr. Sellers definitely knew Lily was planning to have her baby at home now. And her dad's undies would better be described as a weggie. Understandably Dr Sellers was pissed and yelling into the phone at Lilly's sweet tempered husband. He informed Brian that he was calling from his cell phone on his way to airport for a red-eye flight to California. He would be at their house by daybreak. And in the mean time he was loudly demanding that his daughter be immediately transferred, by Medi-Vac helicopter if necessary, to a proper hospital and immediately given an epidural.

"It's barbaric. Having a baby without anesthesia is like giving somebody a swig of whisky and holding them down while you amputate both their legs. Medical science has moved on, there's no reason in hell why Lilly had to give birth without so much as an aspirin tablet, to say nothing of the dangers of giving birth in barn. She and the baby could both be ruined for life." Then he demanded that Brian "put that midwife on the phone right now".

This was not the first time that Rosanna had been caught up in contentious conversations of this sort. Almost every client she saw had a relative, in-law, friend or neighbor who thought the mother was nuts for not planning to have an epidural. Fortunately, these people were usually not on the phone yelling at the client's husband in the middle of labor.

But regardless of the shock and awe factor, the answer was going to be the same. Rosanna took the phone from Brian. She walked from the room to a private corner on the far side of the house and calmly introduced herself.

"Dr. Sellers, I'm the midwife that your daughter chose to manage her pregnancy and birth. Lilly's pregnancy has always been normal, both she and the baby are in good health and her labor is progressing normally. I expect that a healthy baby will be born in the next few hours."

Rosanna was hoping to derail his tirade and get some idea of what kind of bug he had up his butt. Oceans could be spoken about this controversy but oration wasn't an option. Her job was to pick out a bite-sized chunk and distill her remarks into a few sentences and deliver them over the phone to a man who was both irate and irrational.

People generally think that the hardest and scariest part of her job as a community midwife is delivering the baby. Not that midwives talked about birth that way – they know they don't 'deliver' the baby, the childbearing woman does that. Zack, the ranch hand in Montana, was right. God and Mother Nature were in charge of the big stuff – the biology of normal birth. Midwives are just responsible for the details, like taking fetal heart tones to be sure the baby stays happy and catching the slippery little critter before it hits the ground.

In truth, childbirth from the midwife's side of the equation is not that technical a skill. It's watching and waiting, being calm and patient and telling moms 10 times an hour that, yes, its hard and yes, they have what it takes, and yes, they can do it and yes, its worth doing. For her, attending a nice normal labor and birth was a pleasant walk in the park compared to this type of family drama and the ever-present medical politics hovering in the background. That's what gave her gray hairs.

Unfortunately, her clever attempt to derail Dr Sellers from his temper tantrum didn't work. Instead he started yelling all over again. "I want my daughter moved to a hospital right now – do you hear me?"

Then his tone changed to the slow burn of controlled anger. Dr. Sellers was used to making demands and receiving unquestioned obedience. This was no exception.

“I’m a doctor and I’m ordering you to immediately transfer your patient to the nearest hospital. If you know what’s good for you, you will follow my instructions to the letter. If you don’t, I’ll have your licensed by 5 pm tomorrow afternoon!”

So far none of the hysterical or hostile relatives Rosanna had dealt with had threatened to retaliate if she didn’t “hop to”. She said a little prayer, took a long slow breath and then spook into the phone:

“Dr. Sellers, I want you to know that I take your concerns very seriously. I also take my professional obligations seriously. I’m accountable for a healthy happy mother and a healthy baby when this is all over. Rest assured, I would not to do anything to that would put the well being of Lilly, her baby, my professional standing or the reputation of midwifery in jeopardy”.

“But I’m also accountable to Lilly, who is a grown woman and able to make decisions on her own behalf. Lilly is intelligent, mentally-competent, in the bloom of good health, her pregnancy is normal and her labor is progressing perfectly. Planned home birth with a professional midwife is a responsible choice and it’s the choice that Lilly made. You may not agree, but it’s her call.”

In gattling gun fashion Dr. Sellers ignored all these points and launched into yet another round of quasi-hysterical accusations.

“Young lady, you listen to me, Lilly is *my* daughter and she is carrying *my grandchild* and I don’t believe that drivel for a New York minute. Midwives like you talk women who don’t know any better into giving birth at home. You all should be criminally prosecuted for child endangerment.”

Rosanna smiled for the first time since being handed the phone. She might be a lot of things, but ‘a young lady’ wasn’t one of them. However, it was a common perception in the medical

profession that midwives were all young and starry-eyed ingénues who didn't realize how risky childbirth could be and quickly got in over their heads.

"Luckily for Lilly, the science does not support your negative opinion" Rosanna said in response. "For healthy women like Lilly a planned home birth with a professionally trained midwife is as safe for the baby as being born in a hospital. And for the mother, physiological management of labor dramatically reduces the need to interfere with the labor or birth."

"But irrespective of your opinions, it would be unprofessional of me to disregard Lilly's express wishes. As a physician, I'm sure you understand that" said Rosanna.

However, Dr Sellers didn't get a chance to reply before Rosanna cut him off. Her ears suddenly registered the unmistakable sound of pushing in the far corner of the house where Brian and Ellen, the other midwife, were helping Lilly.

"I'm sorry to interrupt, but Lilly is beginning to push and I have to return to my duties. I'd be happy to discuss this further when you get here."

"Well, just keep one thing in mind as you scurry off and pretend to know what you're doing. If anything goes wrong, you don't have to worry about being sued. I know you midwives never have any money or anything else of value. I'm going to see to it that criminal charges are filed and that you go to prison for a long time, where you can't hurt any more innocent women like my daughter. You better hope you look good in orange, because you're going to be wearing an orange jump suit for the rest of your life."

"And by the way, I'll be calling back as soon as my plane is in the air. We're not through talking yet."

With these ominous words, the phone line went dead. Rosanna move quickly across the room, towards the sounds of Lilly's advancing labor.

Word count

Chapter Six ~

Rosanna's mind was temporarily split between her immediate responsibilities and the verbal sparring match with Lilly's dad. She'd held her own with Lilly's dad but it wasn't easy for her. She's had a lot of unpleasant experiences with older men in positions of authority and arguing with them was always going to be stressful for her. Dr. Sellers' behavior was particularly provocative, demeaning, distressing. Most of all, it was lousy timing. She worried about the distraction it represented. But she also knew she didn't have the luxury of letting it steal her attention.

Rosanna crossed the living room of small house. She took herself sternly in hand and, of necessity, morphed herself back into 'midwife mode' before entering the bedroom. Lilly was in the middle of a contraction. Her face registered a look of pure surprise, her eyes wide open, startled by something strange and unexpected. She looked to Rosanna, assuming that Rosanna would know what had just happened. The answer was quite simple -- Lilly was experiencing her first spontaneous urge to push. This is a remarkable and somewhat disturbing sensation for women who have not given birth before.

"Is this alright?" Lilly asked as soon as the contraction was over.

"Yes", Rosanna replied, "it's Mother Nature's way of saying 'good job, you're making progress'.

Lilly's friend Sarah spoke up "Does that mean the baby's about to be born?".

"No", Rosanna replied. "But her cervix is almost completely pulled back out of the way and the baby's head is being pressed down into the birth canal. That triggers the pushing reflex."

"I didn't ever have an urge to push. Well, at least not one I could feel. I was numb at the end. What's it like?" Sarah asked Rosanna.

“It’s involuntary. It sneaks up on you unexpected, like a slow motion sneeze. It’s a spontaneous reflex over which the laboring woman has no control. All this certainly makes it challenging, since we modern women are accustomed to being in control at all times” replied Rosanna.

“Do you just feel a lot of pressure?” ask Sarah.

“Well, for most women it’s more than just a sensation. The pushing reflex triggers a sudden strong contraction of the mother’s abdominal muscles. It takes over the mother’s body the way that the dry-heaves do, only headed south instead of north. One of the midwives that trained me called it ‘the throwing up / down’ feeling. It’s the same contraction of your belly muscles as when you throw up, only the pressure is aimed down deep into the pelvis instead.”

“Do you need to check me?” ask Lilly, referring to a vag exam to determine diatation.

“I’m happy to if you’d like. But I don’t need to. You were 8 centimeters a little while ago. Your contractions have continued to be long and strong and close together. It’s a real good bet that you’re almost complete by now” Rosanna replied.

“What if I’m not?” asked Lilly.

“Well, if we don’t see the landscape of your perineum start to change in the next half hour or so, I’ll check you to be sure that we are where we think we are. If you feel any sharp pain, like something getting pinched, stop pushing and breathe through the contraction. I’ll do a vag exam to be sure your cervix is either completely out of the way or real stretchy.”

“What should I do now?” asked Lilly.

“Just let the energy go through you, like you were being carried downstream on a raft. The operative word for this part of labor is ‘*surrender*’”

Lilly looked at Rosanna with a confused expression.

"Don't try to steer, don't fight the sensation. Don't breathe through the contractions anymore, like you were doing earlier in the labor. Don't hold your breath and push real hard like you expected the baby to be coming out. It's too early for that."

Lilly continued to look puzzled. "I don't get it. What should I actually be doing?"

"Relax and think of this as a practice phase, a chance to learn how to work with your body in a new way. So far, you felt pushy for only one contraction. You may not feel spontaneous urges with every contraction. So let's hang loose for a bit and see what happens next. We're still doing labor one contraction at a time, only soon it will be one push at a time."

"You're doing fine. The baby is fine; we're all fine". Rosanna traced a circle in the air to indicate the gaggle of midwives, friends and family standing around, all looking at Lilly, attentive but relaxed.

"This isn't a race and I don't have any other place that I'm suppose to be, except here with you. So just keep drinking water and be sure to pee every hour or so. A full bladder gets in the way of the baby coming down into the birth canal."

Just as Rosanna finished answering her questions another contraction swept over Lilly. Her eyes still registered the unfamiliar nature of the sensation. She held on to the foot of the bed to stabilize herself, knees bent slightly, crouched down in a kind of standing squat.

Lilly followed Rosanna instructions perfectly – she didn't fight, didn't try to breathe through the contraction any more, didn't try to hold her breath and push – just rolled with the punches and let herself give two little spontaneous grunts right at the top of the contraction. When it was over, she smiled and looked pleased with herself, more relaxed than a few minutes before.

Rosanna thought to herself "Good job, I was sure she'd get the hang of it". Rosanna anticipated that the baby would be born in the next two or three hours. In another four or five hours, the new mother, father and breastfeeding baby would be tucked safely and snuggly into bed. She and Ellen would have all the midwifery equipment cleaned up and packed up. Very soon Rosanna

would be on her way home. She could hear the siren call of her bed, whispering seductively, the warmth, the restful reassuring darkness, her unclothed body stretched out full and luxuriously like a cat, cozy beneath the fat down comforter. For midwives, sleep better was than sex. Well, almost. With a sigh and transient sense of regret, Rosanna let herself come back to real time.

Word count

Chapter Seven

"Here Lilly, here's a fresh cold cloth for you" said Sarah, as she handed a cold washcloth to Lilly.

Lilly's good friend Sarah was sitting on the end of Brian and Lilly's bed, not more than 15 inches from Lilly. At the moment Sarah was on "washcloth" duty. Laboring women usually complain of being too hot during the peck of contraction and appreciate various forms of temporary coolness. So Sarah dipped the washcloth in iced water, squeezed it out and offered it to Lilly after every contraction. Lilly would swipe the cold damp cloth over her face or put it against the back of her neck for a while to help cool herself down and then hand it back to Sarah who started the cycle over again. It was a labor of love, from one good friend to another.

In terms of being helpful and willing to stay the course, Lilly's friend was doing all the right things. Sarah was 37 years old, tall, slender, with strikingly attractive features and alabaster skin. Her style of dress was understated but classy. She was hot in a cool sort of way, with the kind of good looks that makes shorter, heavier, older or more ordinary women a little nervous. Ah yes, to be svelte and sexy again! To top it off, Sarah had naturally curly hair that was a lush shade of mahogany. It softly framed her face, accentuating her best qualities while giving her an open approachable appearance, the best of all worlds. She'd have been perfect in a Yoplait yogurt commercial, looking straight into the camera and telling us how *goood* the yogurt was, the "I'd like to 'thank the Academy' *gooood*!".

But if one peeked behind the facade, it was possible to pick up a sense of dis-ease in Sarah, a subtle anxiety just below the surface. While Lilly didn't seem to mind laboring at home, to Sarah this represented a continuing predicament, a choice she certainly would not have made for herself. She would be happy for Lilly when it was all over. Much earlier in the evening, when Lilly was just barely in active labor, Sarah was having a hard time coping with the strangeness of the situation. Even thought she's agreed many months before to "be there" for Lilly, she couldn't figure out exactly what one did as a friend at another friend's labor, especially in the friend's own home. She couldn't use the excuse that she was just dying for some hospital cafeteria coffee

and thus get away for a while when things were closing in on her. Nope, she was stuck in the cross hairs.

The questions in her mind were many. Should she come closer or should she back off? Should she stare boldly or avert her eyes when Rosanna examined Lilly? Should she try to keep busy in the kitchen, ferrying re-charge drink and making soup or should she just sit and watch and only offer to help if Lilly was in obvious need? It was all a mystery to her. Indeed, Sarah was being required to boldly go where no woman in her family had every gone before! Where oh where was Officer Osuloa when you needed to be beamed up?

While Rosanna was in the kitchen making tea and toast for herself, she crossed paths with Sarah, who was getting ice from the frig. Sarah tried to make small talk but looked so uncomfortable that Rosanna decided to engage her in conversation, a thinly disguised attempt to put her at ease. Part of her duties as community midwife was often to help friends and family cope with the anxiety and the unfamiliarity of labor at home, without any of the expected institutional rules to guide them. Rosanna invited Sarah to sit down for a few minutes and join her in a cup of tea.

After Sarah was seated in a wooden chair in the dimly lit kitchen, Rosanna casually walked behind her and asked if it was OK for her to give her a “little neck rub”, since she “was looking a little tired”. With both of her hands resting lightly on Sarah’s shoulders, Rosanna did what is most accurately described as a part of “labor support”, the same reassuring touching and gentle massage that Brian was at that very minute doing in the other room for Lilly.

The idea was to calm Sarah so that her mind would stop racing around and the thoughts that were chasing her could come to the surface. Soon the informal neck massage worked its magic. Long buried words tumbled out of Sarah’s mouth, a jumble of thoughts about her own ill-fated labor, her sadness for herself and her fear for Lilly’s safety.

“I wouldn’t be able to be around women in labor all the time -- all that pain and worrying about the baby” said Sarah. “How do you do it?”

Rosanna didn't take the bait. Instead she answered Sarah's question with a seemingly innocuous question of her own "Have you been at anyone's labor before, other than your own?"

"I was suppose to be at the hospital when Rebecca was in labor but we were out of town that weekend."

"My generation's not big on having babies, at least not my own crowd. We were all too busy becoming doctors and lawyers and Indian chiefs. As for me, I was a campaign manager for a state senate race. I was pretty good. I got Brian's uncle, who was an inexperienced Republican candidate, elected in a really hard-core Democratic district. We beat out a long time incumbent and I got a huge bonus."

In a wishful tone of voice Sarah went on: "Frankly, I was a lot better on the campaign trail than in the labor room. But I really love my baby. She is so cute, can't imagine what I'd do without her. I don't think it really matters how you have the baby, as long as it's OK."

"I'm just not a very good labor coach" Sarah concluded emphatically.

"Oh, Sarah, you're doing the most important thing a friend can do, you're here, you're available, you're willing to share her experience, whatever that may be. Lilly's never had a home birth before, or any other kind, so obviously labor and birth is an on-the–job-training program for everyone" said Rosanna. "It's OK to feel a little off your game."

"Oh. I never thought of it that way" said Sarah.

"Are you and your husband planning to have another baby?" asked Rosanna, changing the subject slightly.

"I don't know. I really love my daughter and I'd like for her to have a little sister or brother. But I just can't get excited about the idea of another childbirth. Being induced was awful. But mostly I'm afraid of another difficult delivery. I had a real hard time afterwards, a lot of stitches and I needed to have a Foley catheter in the hospital because I couldn't pee for the first 3 days. Then

when I got home, I couldn't stop myself. I was incontinent for the first week. My doctor said it was just a delayed effect of the epidural, that when the drugs in my spine wore off completely, it would go away. He must have been right, because it got better. I'm not having any more problems, thank god!

But I'm afraid that if I had another vaginal birth, especially if they had to use forceps again, that I'd wind up in diapers. I know my husband wouldn't be able to cope with that. I suppose I could have a scheduled C-section but that scares me too. We'll probably just stop with one child"

"I'm so sorry to hear that" said Rosanna, genuinely distressed to hear Rebecca's story.

"Have you even known anyone that had a forceps delivery the first time to be able to have a normal birth the next time?"

"Actually, yes. A spontaneous birth it is more likely in a second or subsequent pregnancy. I'd say your chances of a normal birth are probably 90%."

"Really?"

"Yea, really. The midwife that trained me used to say 'Once you get the first olive out of the jar, the rest are all easier.' You may have needed a little help first time, to get that first "olive" out. But it paved the way for the next baby to have a much easier time of it. The soft tissue and ligaments were able to stretch the last time, which makes it faster and easier in the furture. And the muscles of the uterus are substantially more effective in subsequent pregnancies, like they've been pumping iron and building up their bulk.

You see, the hormones of pregnancy are cumulative and so everything starts a bit higher up the ladder with each subsequent pregnancy. The cartilage that holds the pelvis together is softer and stretcher the next time, the uterus is stronger and able to exert more downward pressure, the birth canal is more yielding. It helps a lot that the mother is usually better able to cope, has more realistic expectations, and is less afraid. All together these are very good things".

“Well, that’s’ exciting to hear. I didn’t think I had any chance of having a normal birth. But I didn’t ever go into labor on my own last time. And once I got Pitocin, it was all over for me. Do you think I really needed Pitocin the last time?” asked Sarah.

“You know, I never try to second guess someone else’s management of a previous birth. It’s pretty useless since I wasn’t there, I haven’t seen your records and I can’t ask you OB why he did what he did. But I do have a rule about things that have already happened. I generally assume that what ever happened was the right thing for those particular people at that time.”

“However, people often learn something from experiences that they thought they didn’t want to have, including how to avoid repeating them in the future. But you can be sure that it wasn’t any failure on your part. It doesn’t mean that your coping abilities were inadequate.”

“Thank you. That was a sweet thing to say” replied Sarah. “I never thought that my crummy experience might actually be helpful. It reminds me of my work in politics. We are always trying to turn a negative into a plus. Do you have any specific suggestions for next time, should we decide to have another baby?”

“Well, information about induction might help you avoid a repeat performance” said Rosanna. “It would certainly put you in a better position to make decisions.”

“For instance?” said Sarah.

“Inducing labor with artificial hormones changes the fundamental characteristics of the birth process. Anyone who says it doesn’t make any difference, is not telling you the whole story.”

“Actually, your experience was pretty typical in that regard. When you are induced the cervix is not yet ready to yield to the action of the uterus. It isn’t softened yet or what is called “ripe”, often it hasn’t started to efface and so it takes more contractions -- longer, stronger and closer together labor pains – in order to overcome these substantial hurdles. Unfortunately this means it hurts a lot more and it stresses the baby more.”

“Because fetal distress is a frequent complication of induction, the hospital has to use continuous EFM whenever Pitocin is being administered. The IVs and the monitor leads make it virtually impossible to get out of bed or to use physiological management, things like non drug methods of pain management, the gravity-assist that comes from having the mother be upright and moving around, walking and hot showers or deep water to help her cope with the pain. So epidural anesthesia becomes inevitable, as is the indwelling catheter.”

“This forces the mother to be immobilized in bed during labor and restricted to anti-gravitational positions for pushing. The result is often a vacuum or forceps delivery. Whenever instruments are needed, the doctor usually cuts an episiotomy also.”

“The good news is that you don’t have to do that next time. There are ways to manage labor, at least initially, so that the likelihood of needing such interventions are dramatically reduced.”

Sarah was just about to ask what Rosanna meant about other “ways to manage labor” when Brian came into the kitchen. He wanted to talk to Rosanna. For now, Sarah’s question would have to wait.

Chapter 7 Word count

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Chapter Eight

"I blew it, I let the cat out of the bag about Lilly's dad. She asked me who was on the phone and I stupidly told her that it was her father. Then she dragged it out of me that he was on his way here" explained Brian, obviously upset.

"And?" asked Rosanna.

"Now she's freaking out, says she can't have the baby if her dad is going to be anywhere around. I thought it wouldn't matter if she knew about her dad. I was sure the baby would be born long before Dr Sellers' plane lands at SFO. But I was wrong -- she's really distressed. I've never seen her like this before."

"What was her labor like just before she found out?" asked Rosanna.

"She was starting to push a little with every second or third contraction" replied Brian. "I'm not any expert, but according to what you said earlier, things looked pretty normal".

Oh well, Rosanna thought, into the life of each midwife a little rain must fall. A mythical picture of Dr Sellers instantly flashed in her mind. She thought about the VooDoo practice of sticking long pins into a doll to get even with your enemy. If she'd had access to a 'Dr Sellers doll' right then, she'd happily stick a hat pin in the doll's derrière for being such a pain in the butt.

If they were lucky, Lilly would be able to get over this upset and back on track in a reasonable amount of time. If not, they'd need to transfer to the community hospital to get a little medical 'help' from their friends. Lilly was far enough along in her labor that even if she went to the hospital it was pretty certain that she'd still have a normal vaginal birth. But it would probably take a little Pitocin to get her labor back up to speed.

Brian continued to stand there, still looking distraught. "You know, this home birth business was not my idea. But I promised Lilly I would respect her choice. I'm feeling really guilty about is. I

didn't mean to rock the boat. I just didn't realize that she and her dad had so much unfinished business between them."

"This is just a part of real life. Real life keeps going on, even in labor. You're not responsible for 33 years of relationship history between Lilly and her dad. You're a great husband and you're going to make a great dad, so quit giving yourself such a hard time."

"But what if something goes wrong now, all because I spilled the beans?" asked Brian, with a look of horror on his face.

"We have every good reason to believe that Lilly will still have a nice normal birth, most likely here at home, just like she planned. So give yourself a break. Sit down at the kitchen table for a while and let Sarah serve you some of that yummy soup. Its not chicken soup, but its still good for the soul. Its one of those fantastic recipes from the cooking class at Rosa Pistola's. You'll feel better with a little good food and normal life under your belt. Ellen and I will take over for a bit".

When Rosanna entered the bedroom again, Ellen, the 'second call' midwife, and Lilly's friend Rebecca were both trying to console Lilly, who was now pacing around the room like caged animal. She had a slightly frantic look on her face and had altogether abandoned her focus on labor. Rosanna surveyed the scene, then asked Ellen if she could step out of the room for a minute. Leaving Lilly and Rebecca to their own resources, she and Ellen walked away from the doorway of the bedroom so they could talk privately.

"How's it going? Brian said Lilly is upset because she found out that her dad is on the way. Is she still having any urges to push?

"No, as soon as she heard that, her contractions suddenly took a nose dive. She's only had one brief mild contraction in the last ten minutes and no more signs of second stage"

"How about the baby's heart tones and Lilly's temp?"

"Both were fine when I checked 20 minutes ago. Lilly's temp is 37 degrees C and her pulse was 88" replied Ellen. "Baby's still got a normal baseline with good variability, one nice acceleration and no decals during or after contractions. The baseline has been between 132 and 144 since I got here at 6 this evening. I think you can officially consider the FHTs 'reassuring'".

Ellen was a newly graduated and recently licensed midwife who had just started her life as a professional midwife. She was about Lilly's age, married but so far no kids. She had the perfect face and figure for the job – not too young, not too pretty, not to slender, not too sexy. No matter what a pregnant woman actually weighed, she almost inevitably wound up feeling fat, awkward and somewhat unattractive. The last thing women wanted at nine miserable months of pregnancy was to have a midwife who looked like Madonna strutting around the house in front of her sex starved spouse. For Ellen's chosen career, her ordinariness was an asset.

For the last few months Ellen had been working with Rosanna and a couple of other community midwives so as to get some more "hands on" experience and further develop her judgment skill. New graduates routinely worked with more experienced midwives for a while before starting out as independent practitioners.

In addition to three years of formal education in a midwifery program, Ellen had assisted at about a hundred labors, many of those as a 'doula' for planned hospital births. She'd been present at a total of 50 home births. As a part of her training she functioned as the 'primary' midwife for at least twenty mothers, making all the decisions and managing the delivery by herself. Of course, this all occurred under the direct supervision of a licensed midwife, who was also present and able to step in if need be. In the spectrum of experience, Ellen was on the light end of the middle, but Rosanna was very impressed with her potential to become a really good midwife in her own right.

As a new midwife, Ellen was always interested in all the details of someone's labor – the psychological and well as physical. She had a good grasp of normal biology and the principles of physiological management. She also understood the potential harm that pathology could interject into the birth process and was diligent in tracking any problem that might turn into a

complication. She had a healthy and appropriate respect for the rightful place of modern medicine.

Ellen also understood how the mother's emotions influenced the physiology of labor, just as it did in other aspects of human sexuality. Not that labor was itself an erotic experience (at least not for most women), but it was still an aspect of normal sexual function. It relied on the same hormones, the same body parts and the same relationship to the social and emotional dimensions of the mother's experience.

Any man can tell you that performance pressure is the death knell to good sex. And any midwife can tell you that similar disruptions – time pressures, lack of privacy, repeated interruptions, the presence of strangers, a family argument, tension between the hospital staff, etc –all these things can and often do have a negative effect on the progress of labor.

Almost everyone knows how difficult it is to abandon oneself sexually while visiting in the home of one's parents or in-laws. Social or psychological inhibitions of this kind also make it hard for the mother to surrender to the flow of labor. Because midwives work with a healthy population, they learn early on that dystocia – that is, a difficult labor --is more often caused by psychological factors than any abnormality of pelvic architecture or the mother's uterus.

As Ellen and Rosanna talked in the hallway, they knew this situation with her father could throw a monkey wrench into Lilly's labor. But they also trusted Lilly to have the personal resources to rise to the occasion. In their experience, patience and the passage of a little bit of time would most likely win out. Without further conversation, the two midwives were of one mind. They returned to the bedroom, where Rebecca was trying to talk Lilly out of being upset.

"Listen Lilly, it doesn't matter that your dad's on a plane somewhere over Iowa" pleaded Rebecca. "He won't be here for hour and hours. Just put it all out of your mind"

As could be expected, these exhortations made no difference.

“I just can’t get past the picture in my mind of him walking through the door while I’m trying to push the baby out”, complained Lilly, as she continued to trudge her small path back and forth on the carpeted floor of her bedroom.

“Rosanna, tell her that she can have the baby twice over before her dad even lands on the West Coast”. Rebecca was specifically addressing her question to Rosanna, but hoping that Lilly would get the point and stop making a mountain out of a mole hill. Rebecca was a wonderfully empathetic person, but she was having a hard time taking this seriously. Obviously the relationship she had with her own father was on a much better footing than the one between Lilly and Dr Sellers.

“This is the straw that breaks the camel’s back. How can he do this to me?” Lilly asked rhetorically. “He’s not even in the same state and still he’s dominating my experience. He just cannot get it through his head that I am a fully functional adult and not a little girl who needs daddy to tell her what to do.”

Lilly was practically beside herself now, and getting more upset with each turn around the room. Obviously, the time had come to dial down the drama. That meant Rosanna had to step up to the plate, as this was where the rubber met the road for both of them.

Chapter Nine

"OK, its time to talk about what's going on" said Rosanna, in her best version of a 'command' voice. She hated being the heavy, but there was no choice. Otherwise they would be making an unscheduled trip to the hospital in the next few hours. Not that hospitals were a bad place, it just wasn't what Lilly wanted.

"Lilly, do you think you could stand still, so we'd be able to talk?"

Lilly nodded and slowed her frenetic pace to a crawl and finally returned to leaning forward on the foot of the bed as she had earlier in her labor. This seemed to work, at least for now.

"Do you want Sarah and Rebecca to be here also or would you rather I just talk to you and Brian?"

"It's OK with me for everybody to be here" replied Lilly. "I'm not feeling shy any more. I'm too upset to think about little things like that".

"Ellen, can you go to the kitchen to get Brian and Sarah and ask them to come back?"

Within a minute the room was filled with the full compliment of friends, family and midwives. Everyone looked awkward and uncomfortable, like they were expecting bad news.

Rosanna looked directly at Lilly and Brian as she began to speak again: "First, the simple and obvious fact. If your labor were to continue on as before, we could expect your baby to be been born in a couple more hours. That would be long before your dad is scheduled to arrive. Unfortunately, your dad's call and his unplanned visit caused you to fall off the 'horse', so to speak, since your labor is not like it was before."

"Lilly, do you have any thoughts about this, any ideas or questions?" Rosanna asked.

“I just saw red when Brian told me my dad called and that he was on his way to California. The next thing I knew ten minutes had gone by without a contraction. When I finally did have one, it was real short and felt like more like the warm up contractions I was having yesterday. How long can this go on?” asked Lilly.”

“Could be just a temporary glitch or it could seriously derail your labor” replied Rosanna. “There’s no way to know right now.”

“Is it time to start worrying?” asked Brian.

“No, but it’s helpful to address the problem sooner rather than later. Of course, we’re all hoping that things work out all by themselves. But hope is not a plan of action. So we’re going to need a plan”.

“What are you suggesting?” asked Rebecca.

“I always recommend that we start at the easy end of things. According to Ochem’s Razor, the simplest explanation is most likely to be the right one. So we’re going to assume for now that Lilly’s body is just taking a little time out. We are going to declare the next hour to be a negativity-free zone”

“But what if things don’t get better by themselves?” asked Sarah.

“If our initial plan doesn’t work as we expect, we’ll go down the line until we find one that does. The bottom line is always the safety of mother and baby, but we have a lot of wiggle room.”

Directing her remarks to Lilly and Brian, Rosanna continued. “You are amazingly healthy. Your active labor has actually been quite brisk. Your water broken only a couple of hours ago so we aren’t racing the clock. And your baby, bless its heart, has a reassuring fetal heart rate and pattern every since we started listening early in the evening. So we’ve in good shape.”

“I suggest trying a couple of different things. As long as the contractions are mild and far apart, which they are at present, the best choice would be to rest and try to nap between contractions. If that doesn’t work, I suggest you put on a bathrobe and your underpants. Then you can walk around the house. Walking is a natural way to stimulate labor, so it’s a nice way to help yourself. Just for good measure, we’ll tuck a disposable baby diaper into the crotch of your undies so you won’t leak amniotic fluid as you move around. If and when your labor starts to heat up again, you can peel off items of clothing until you get comfortable.”

“I know how I’ll be able to tell when we’re back in the black. When Lilly’s not wearing anything but a tee shirt again, I’ll know we’ve arrived” joked Brian, looking pleased with himself and slightly relieved.

For now Lilly’s chose to nap instead of walking around. Ellen took fetal heart tones. Rosanna settled husband and wife in their double bed. She turned out the lights in the bedroom, leaving only a votive candle burning so Lilly could see to get up to the bathroom. Then she sent everyone else off to various spots around the house to get some sleep or at least rest their eyes for a while. Sarah and Rebecca both had young infants and needed to either to pump or to go home to breastfeed their babies. Sarah decided to stay but Rebecca only lived 5 minutes away and decided to go home.

After pumping her breasts, Sarah settled in on the day bed in the family room. Ellen decided to lie down on the couch. Rosanna claimed a Barco lounger that was closest to the bedroom. This let her keep an ear peeled for those telltale grunty noises that she hoped would signal success.

She had just set a little pocket timer for 30 minutes in case she dozed off when suddenly her cell phone rang. The sound startled her. She didn’t have anyone else due for 6 weeks, so it wasn’t likely to be someone in labor. She flipped open the phone and held it to her ear, wondering who it would be.

Chapter ten (very rough draft, good content, bad form)

"Hello?"

A male voice responded. "I see your still on the job." Rosanna was shocked to realize that Dr Sellers was calling her on her cell phone. How on earth did he get that number?

Before she could say anything, Dr Sellers volunteered the answer. "Just in case you're wondering, I googled your name. It wasn't hard to find your cell phone number, along with your street address and the URL of your web site."

Being tracked down on her cell phone was spooky. She was annoyed at the intrusion.

"Are you enjoying your flight?" she asked, trying to find a neutral topic.

"No, as a matter of fact, I'm not. I'd much rather be home in my own bed. I hope you are being similarly inconvenienced" Dr Sellers replied.

"As you might imagine, I'm a little busy. If you have a specific question, I'll try to answer it. Otherwise, this inquiry will have to wait until after Lilly's baby is born."

"My, my, aren't we important."

Rosanna didn't respond. Instead, a highly charged silence hung in the air for an awkward couple of seconds.

"Ok, I know it's late. I'll cut to the chase" said Dr Sellers in a straightforward tone, as if he's had his fun and was ready to get down to business now.

"Thank you" replied Rosanna with an audible sigh. "I would appreciate that".

“Well I don’t pretend to understand why my daughter made this foolish choice. But I read your bio on the Internet. Obviously, you are an adequately educated and experienced professional, with adult children of your own. You’ve been practicing long enough to know what you’re doing.

So why on earth would you provide this type of retro care? Why would you want young women like my daughter to risk being brutalized? Why deny her appropriate medication and anesthesia? Why exposes my unborn grandchild to avoidable danger? How do you justify that? As a trained professional, what you have against modern medicine?”

This new tactic put Rosanna temporarily off balance. A moment ago Dr Sellers was sarcastic and mocking. Now he was asking the heartfelt questions of a reasonable person. These were the type of questions she was comfortable with, even good at. Before her mid-life career change to midwifery, she’d been an electrical engineer. She liked topics that could be addressed logically and validated by the scientific literature. On the topic of planned home birth with a professional midwife, the consensus of the research supported it as a responsible, even superior choice for healthy women.

“Dr Sellers, I can provide published research, reputable studies and a list of citations that would address each of your concerns, but now is not the time. It’s after midnight, it’s been a long day, it’s going to be an even longer night. I have to focus on the task at hand. But I can give you a URL to access the studies on line” replied Rosanna.

“I’m flying over Pennsylvania right now. That’s not going to be much help” said Dr Sellers.

“Then all I can do tonight is to assure you that neither Lilly nor I are being cavalier about modern medicine.”

“Could have fooled me” said Dr Sellers, with a mild note of sarcasm.

“To the contrary, we are taking the best of modern medicine and leaving the rest. Obstetrics is organized around detecting and treating the rare complications of childbearing. It was never

designed to promote normal birth or reduce the incidence of medicated labors or surgical interventions. For women healthy with normal pregnancies, the statistics for obstetrical interventions are not in the patient's favor. In fact, the greatest realistic danger for healthy women is *over-treatment* and its consequences.

So it's to Lilly's advantage not to be subjected to hospital interference. However, if either Lilly or the baby needs medical intervention for any reason, or if Lilly just decides that she prefers medical care instead of midwifery, we will go immediately to the hospital. That *is* the most appropriate use of modern medicine."

"Not in my book" said Dr Sellers. "Women have been giving birth in hospitals for a hundred years. I haven't heard any complains yet. Childbirth used to be a leading cause of maternal and infant death and now its orders of magnitude safer than ever before. Mother Nature is a bitch. What obstetrical intervention does is to make up for her failures. Do you seriously expect me to believe that obstetrical care actually introduces extraneous danger into normal birth?"

Rosanna was grateful that the conversation had settled into a dialogue instead of diatribe. She felt a tiny ray of hope.

"Dr Sellers, are you telling me that you have *never* read *any* studies or statistical analysis comparing routine obstetrical interventions for a healthy population with non-interventive alternatives such as midwifery care?" asked Rosanna.

"Of course not. I'm a neurosurgeon. When I was med student I rotated thru the maternity ward like everybody else. At that time every intern had to deliver a hundred babies. Naturally we weren't around for the labor, the nurses did that part. We just delivered baby. The mothers were all under general anesthesia when we arrived; we were instructed to cut a generous episiotomy and taught how to apply low forceps to lift the baby out. We held the baby up by the ankles, slapped it on the backside to make it breathe, cut the cord and handed it off to the delivery room nurses.

Then we manually retrieved the placenta, sutured the mother's perineum, scribbled a few notes

on the chart and were off to the next delivery room. All very efficient. I remember delivering 17 babies in one 24 hours shift. Not enough challenge or variety for me. But I remember that some of those babies required full blown resuscitation. Quite a few didn't make it. It was enough to convince me that childbirth was miserable and risky business."

"Good God, what a depressing story. No wonder you're upset with Lilly's decision. But your medical school experience has nothing to do with normal birth. It just makes you vulnerable to the same prejudices as the lay public.

"Are you insulting my medical education?" asked Dr Sellers.

"No, I'm saying that being a doctor hasn't helped you. There's no place in public life where people are exposed to facts instead of hype. On top of that, the media bombards us with fearful images and horrible stories that do not represent reality. Instead of logic and good science, we are letting all our choices be dictated by an exaggerated and debilitating fear that is all out of proportion to the actual risks of normal childbearing."

"So give me a for instance" asked Dr Sellers.

"Normal vaginal birth is three times safer than driving a car. Cesarean surgery, which everyone thinks is the better choice, is twice as risky as driving a car. That's a five fold difference *in favor* of normal birth. In spite of these numbers, people are being lead to believe that vaginal birth is so dangerous that a scheduled Cesarean is safer. Even you would have to agree that healthy women in the US are *not* suffering from a Cesarean section deficiency!"

"Ok, Ok, I get the picture. I'm not dense. I'll take a look at the studies and decide for myself" Dr Sellers replied. "In the mean time, talk to me about appropriate pain medication. I don't want to see my daughter wind up depressed or suicidal six months from now because she was traumatized by an unmedicated birth. I heard that Andrea Yates had natural childbirth. Didn't do her kids any favor."

Rosanna ignored the reference to this tragedy and the crazy gossip spread by some hack reporter.

"Normal childbirth is not *pathologically* painful" said Rosanna. "That doesn't mean that uterine contractions don't hurt, but labor is not normally intolerable. However, coping with the normal pain requires that labor be physiologically managed. That means the mother can get out of bed, walk around and do other things to help herself. Appropriate social support must be available to her. Under these conditions, women typically develop the ability to cope with labor without it requiring unnatural bravery.

If Lilly's labor becomes difficult or abnormally painful, if she suffers intolerable pain, if she tells us that she needs or wants medication, it's a no-brainer – we'd make the 20 minute trip to our community hospital." Rosanna's voice betrayed her exasperation. This was all so obvious that she couldn't understand why Dr. Sellers needed this elaborate explanation. It was like talking to a four year old.

"So what do you have against Lilly getting 50 milligrams of Demerol" asked Dr Sellers. "It's not going to hurt her or the baby. It just makes the labor more bearable."

"Unfortunately, drugs almost always lead to MORE drugs. Besides, 50 mgs of Demerol doesn't really take the pain away, it just makes the mother sleepy so it's harder for her to cope or nauseated so she throwing up while have contractions.

Each and every drug ever used during labor has side effects and unwanted consequences. Some side effects lead to complications and some complications lead to adverse events and a poor outcome. That puts us back to square one. Unmedicated labors are far less likely to result in an otherwise unnecessary operative delivery or a depressed baby. As long as the labor is normal, non-drug methods are the safest and most humane way to relieve the pain." Rosanna was beginning to feel like she was talking to herself.

"But epidural anesthesia doesn't effect the progress of labor or the baby's respiratory system" said Dr Sellers. "Safe dependable pain relief is just one 15 minute medical procedure away? Why *not* take advantage of it?"

"I'm not knocking the benefits of epidurals. It is more effective and has fewer side effects than repeated doses of narcotics. For some women epidural is a god-send. But like everything else in the pharmacopoeia of modern medicine, it is a mixed blessing. When epidural becomes a medical necessity, it's worth the risk of unwanted side effects. When it's not medically indicated, you have to wonder.

You know, Dr Sellers, we can talk about pharmacology for hours on end. But I think that distracts us from the real issues. There are good reasons to find more practical, less medical and more cost-effective ways to address the natural stress and physiologic pain of childbirth. Nothing can take away all the pain, but when the principles of physiological management are used by nurse midwives in hospital births, the epidural rate is reduced by forty percent.

I don't think the issue is drugs as much as it is a lack of appropriate care for healthy women. Appropriate care would also include the psychological preparation of childbearing women to expect a normal birth.

We have a strong cultural bias towards drugs and anesthesia as the solution to just about everything. On top of that prejudice, society doesn't see any purpose in the hard work and sometimes painful nature of normal childbearing. We don't value the mother's experience. In my book, this is a subtle form of sexism that sees the childbearing body as defective and the feminine gender as unable to cope with her own biology.

In other areas of a woman's life -- sports, schooling, professional, political or artistic achievements -- we honor her hard work. We respect the determination that it takes, we provide effective and sympathetic support for the painful aspects of her efforts. We celebrate it as a victory when she succeeds. But for childbirth, we don't do any of this. We don't respect the work of labor and we certainly don't provide the circumstances for its success. In fact, we tell women they are crazy to even try to have a normal birth. During labor we sabotage the mother's best efforts by sending someone in every 20 minutes to ask her if she is ready for 'her' epidural yet.

I find this particularly perplexing in light of the popularity of reality TV programs. They regularly show women in situations that require extraordinary abilities and endurance. Women

contestants swim across raging rivers, climb mountains in the snow, bike in the desert, run marathon-length races, eat disgusting bugs and let slimily worms and spiders crawl all over them. *Nobody is offering them an epidural*. And yet, they not only prevail, but frequently win against men who are twice their size and three times as mean".

"But what possibly value could there be for my daughter to labor without an epidural?" asked Dr Sellers incredulously. "Lilly isn't ever going to try out for the Boston Marathon!"

"You're missing the point. Pregnancy makes a *mother* as well as a baby. Normal childbirth helps to prepare parents for parenting, which is one of the hardest and most important jobs we ever take on. As a part of raising children, we are inevitably called on to miss meals, go without sleep, go beyond our comfort zone. Aside from one's role as a parent, life frequently demands more of us that what we are comfortable giving. No one ever completed basic training in the military or graduated from college without having to do things and tolerate conditions that were in various ways "painful".

There are a lot of metaphorical bottlenecks in life. It's very useful to find out that you have what it takes to get through something that seems to be really hard if not impossible to achieve. This attribute of perseverance, and the ability to utilize whatever resources are at hand, is an important skill to develop. It's an aspect of mentally and emotionally maturing as a person and as a parent.

Labor certainly provides plenty of opportunity for perseverance, to miss meals and go without sleep, to work hard, worry and in general get pushed way beyond one's comfort zone. Rising to a challenge tests one's mettle. When a woman labors and gives birth primarily on her own resources, it provides an opportunity to develop confidence in herself. By experiencing herself as competent to handle the stress of labor and the hard work of pushing the baby out, she is reassured that she will be able to handle whatever else life throws her way, including a crying baby who wakes up four times a night to breastfeed.

I don't understand why the educational preparation of girls and young women seems to lack 'reality training' in this important area of life, one that happens to be gender specific. In regard to childbearing, we seem to be only too eager to lower the bar, to tell women that they need not

worry, if things get tough or uncomfortable, the medical machine will move in, take over and do it for them.

But is it fair to design a system for childbearing women that purposefully circumvents meaningfully opportunities to stretch ourselves out, to become as big as the jobs we must take on? Is it fair to ask mothers to face the certain responsibility of parenthood in a system that ignores their need to mature as a person and a parent?"

"Oh for God's sake, I never heard such a load of crap in my whole life" Dr Sellers shouted into the phone. "We're talking about a few hours in Lilly's life. She has years to learn how to raise a child".

"Yes, that's true. I am confident that Lilly will be fine, no matter how or where her baby is born. I'm proposing a more philosophical debate. The question is this – should we promote internal resourcefulness and resilience as the ideal and thus provide the circumstances for people to develop skills of self-reliance *or* should we instead pursue a system that promotes external solutions to life's inevitable difficulties, depending instead on some medical or social equivalent of an epidural to take away every pain or problem?

Right now we encourage people to believe that difficult or painful situations should be overcome with some type of drug or medical 'procedure'. But what kind of 'procedure' can a woman count on when her husband gets laid off or one of their children develops a chronic illness or her marriage is in serious difficulty? Where is the epidural for that? And when tragedy strikes, like it did on September 11th, where is the epidural for that kind of pain?"

Dr Sellers was uncharacteristically quiet for a long time. She half expected him to hang up on her. But when he finally spoke, it was in a thoughtful tone she hadn't heard before. "God, I hate to admit it, but you just might have a point. I'm not sure what it is, but you've given me something I have to think about. I'm going to get in touch with my colleagues at Yale and see what he has to say. I'll get back to you after we land. In the mean time, I'd appreciate it if you'd have Brian call me when the baby is born."

After a perfunctory goodbye, Dr Sellers hung up.