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Katherine Rand and Cheryl Lebedevitch

Rupture

Katherine Rand

They say that when the baby comes, you have entirely given up and/or you think you are going to die. I pushed for nearly seven hours. That last "push" felt completely impossible and, it may only be because I had three women on one side of me, two women at the opening to my vagina—one of whom was holding onto the crown of my baby's head, and two women on the other side of me, all telling me that I could not stop, that I must continue, that it didn't matter that the contraction had ended, that I had to get the baby out *now*, that I finally pushed him all the way out. It was as if all of the other pushes that came before had meant nothing. Like, perhaps, it took that long to figure it out.

Behind us was a virtual theater of hospital staff, maybe 15 strong in the room, and the baby was whisked off before I could hold him or see him. They feared he had aspirated meconium, of which there had been copious amounts, for hours, during his journey through the birth canal. None of this is what I had imagined or hoped for in his first moments with us, and yet, what I did do was experience birth in all its fullness, aware and awake from beginning to end.

Had I chosen to birth in the hospital in the first place, my providers would certainly not have allowed me to push for so long. I would probably not have labored for over 24 hours with little rest for two days before embarking on that immense work, and I may have had a number of interventions that were far, far, far from my birth plan. As it was, my midwife was actively involved in a way she isn't often, pulling back a cervical lip when I was otherwise completely effaced, performing an amniotomy—otherwise known as breaking my water, catheterizing me (when my bladder gave me unbearable pain in the latter part of the baby's descent in the birth canal), and even giving me an IV. All of these were choices presented to me with loving guidance, and which I made for myself with complete trust in my midwife. Before any of these interventions occurred, she had gently suggested going to the hospital so I could have an epidural and get some rest. I declined. Ten hours later, and as things got to the point where I would no longer be given a choice on the matter—this was obvious to me, it didn't even need discussion beyond the basic logistics of how it was going to happen—my midwife said, "I'm going to give you four more pushes," so that I could give it everything I had before having to transfer. These were essential touch points which empowered me in the labor and delivery process.

It's hard to remember exactly what was happening in those last hours before going to the hospital and finally birthing my son. The focus that is required—the physical exertion while being so exhausted—well, there's little space for anything else. I had imagined birthing my son in a squat, more actively involved in creating the best position for his descent in the birth canal. But, I ended up lying on my left side for hours because there was nothing else I could do. When I lay on my right side

or on my back, the baby's heart was distressed. I was far too tired to stand, kneel, or squat. My hip and my whole body ached from being in that position so long. Occasionally I would have to move, but then everything got tense as they listened to his little heartbeat. On every contraction it disappeared, and I had a simultaneous sense of terror while knowing that women have been birthing forever and that everything would be fine. I could touch my baby's head for quite some time before we transferred to the hospital. It is because he was so far down and because I didn't have the energy to get him out myself (if it was even anatomically possible at that point) that my team told me I needed help. They were clear that I needed vacuum assistance, and they told me I had the best chance of that if I went to one hospital in particular. If we called an ambulance they would take me to a closer hospital and the likelihood of a C–section was much higher. We would have to go by car. I had no idea how I would stand up, put clothes on, walk, much less travel in the car while actively pushing a baby out of me, but I wanted to avoid a surgery after all this work, if at all possible, so I leaned on my team of women and let them help me with that impossible task. My midwife had to scoop me up and place me in the wheelchair when we got to the hospital because I couldn't possibly conceive of sitting down or placing myself on the chair while a baby was emerging from between my legs. It was all very dramatic and, at that point I knew, totally necessary. There was no internal conflict about what was happening.

Once arriving at the hospital, my team ensured I be given the same respect they had given me throughout the labor. I am grateful that my home birth team, a (heroic!) doula who was with me the entire active labor, my midwife, and an assistant midwife, knew how to get me into a labor and delivery room quickly—we took the elevator straight there from the parking garage. I am also grateful that the person triaging that Sunday morning was a certified nurse midwife (CNM) who was willing to consider the clinical advice of my midwives. And, finally, I am grateful that there was a fellow on call who was experienced and comfortable with the vacuum, and that the attending physician was willing to give me the opportunity to birth vaginally with the fellow's assistance. Had any of these pieces been different, the outcome could have changed drastically.

About twenty minutes after my arrival in L&D, the attending physician said I had three options: 1) I could continue to try and birth my baby, unassisted, for about an hour more; 2) I could continue to deliver vaginally, with vacuum assistance, or 3) I could have a C–section. My choice was a resounding and obvious 2. We wouldn't be at the hospital if I was going to go with the first one, and I would have chosen the comfort of ambulance transport had I been okay with the third option. Before placing the vaccum on me I had to agree that if anything went wrong, or if it took longer than they were comfortable with, I would have to go to surgery. At that point, they would have had to pull him *up* the birth canal. There was also no possibility of offering medication at this point, since I was so far along in the birthing process. I was given pitocin (without a choice), however, after the baby came to ensure I birthed the placenta quickly and avoided hemorrhaging. All in all, I was only in the labor and delivery room for a little over an hour before my son was born, and that was a significant win even if I would have much preferred to birth at home.

Because my hospital labor and delivery experience was minimal and emergent, it's hard for me to make much commentary on what the staff could have done for me differently. I can only say that I had 100% trust in my home birth team, and that they gave me the kind of respect that significantly influenced my birth outcomes and mental health postpartum.

Afterwards, though, I can't lie, it's hard. You wonder if you did everything the best way you could for your baby. You wonder if the choices you made were harmful in some way, causing potentially long–lasting trauma. On the maternity ward, we struggled because the baby got a staph infection and we were separated while he was continually poked and prodded. We didn't get enough skin to skin or time to learn to nurse, and I ached for him and all he was going through but,

I was also so blitzed after such a difficult labor and birth I couldn't be as present for my newborn as I would have liked even if he were right there with me. He had an IV in his arm, bandaged and splinted, to receive antibiotics. He didn't pee for days and they catheterized him to make sure his bladder was working. Watching that, I felt so much empathy for parents whose children end up in the NICU. Thankfully, for the most part, everything fell into place when we got home, and though I wished we'd never been to the hospital in the first place, I also knew he could have gotten very sick if his vitals hadn't been being monitored right after the birth (this is not knowing where the staph infection occurred, of course). Sometimes, if you're lucky, it just takes one person to help you reframe these "what ifs" and thoughts that you didn't do everything right or in the best interest of your child. I had that in a perinatal therapist who was trained in somatic experiencing and who saw me just days after coming home, as we struggled with the breastfeeding relationship and adjusting to this new world together.

One of the things that was impressed upon me early on in pregnancy was that labor and birth is a cataclysmic event for which the majority of American women are woefully unprepared. You would not try and run a marathon without proper training, but many do attempt to birth with no more than a Saturday afternoon workshop. Part of the reason for this seems to be inherent in how medicalized birth has become, and in how much the pain of labor and birth is emphasized, so that women long before they enter into the process, doubt they are capable of a vaginal (particularly unmedicated) delivery. Early on, an obstetrician made me feel like a martyr for even considering such a birth experience, and later tried to shame me into "compliance," yelling at me like I was a bad dog, simply for asking questions about being prescribed progesterone due to a short cervical measurement. If this was how she responded to my questions at 21 weeks, imagine how she would respond during labor? The last day I saw this OB, I broke down in tears as I waited for my ultrasound, because I was literally terrified of seeing her. That is not "care."

I wanted to understand my body as best I could and feel empowered about what it was capable of, and I sought out resources that were invested in helping me do that. I did not find them in obstetrics. I found them in the "natural" birth world. Before the pregnancy I wouldn't have known I was a home birth type of person. It hadn't really even occurred to me. So, when I found out I was pregnant, I signed up with an OB and began the standard care. There was an immediate disconnect with my physician, though, and a conversation early on with a friend who is a doula and birth educator helped me to think about what was important to me in my care. I began to consider a midwife and out of hospital birth. I cultivated awareness of my body and my baby in restorative prenatal yoga classes, drawing from years of meditation and mindfulness practice. I privileged the spiritual aspects of birth in my planning and preparation. And, having ultimately been given prenatal care that acknowledged my whole being—particularly the emotional and spiritual aspects of pregnancy—my labor and delivery experience proved to me that these early decisions are critical. Even if there were significant aspects of my birth story which diverged from what I had hoped and imagined for, all the preparation I had done enabled me to accept and adjust to the unknown of birth and to weather an immensely challenging physical experience without the need for medication, other than a little Benadryl to help me sleep a bit early in my labor.

Everyone knows birth is unpredictable, yet still we plan. Everyone knows that birth is a rupture, not dissimilar from death, yet women continue to carry babies to term and birth them. What makes a birth outcome a good one? A healthy baby, a healthy mama, sure. But, with 15% of women giving birth each year experiencing postpartum depression, the signs of ill health may not be immediately obvious. What contributed to my overall wellbeing was not the desired outcome of a vaginal delivery, per se, but rather that I felt empowered through the birthing process and that I felt I had been given bodily autonomy even when things were out of my control. I would hope that healthcare providers would recognize just how deserving women are of respectful,

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maybe even reverent, perinatal care, and I would hope that women would listen to their heart's longing and draw on their existing resources in pregnancy, as well as seek out the specialized ones that support them in meeting their birth objectives. Some may find that in obstetrics; others, like me, will find more meaning in midwifery care.

The Two Longest Minutes

Cheryl Lebedevitch

I went into labor on a Monday afternoon. I wasn't uncomfortable, but my contractions kept coming and very slowly, growing stronger. The next day, my water broke and I was admitted into the hospital. I communicated my hope for a vaginal delivery without pain medication, knowing that an epidural increased the risk of a C–section and other complications. Yet while we waited for our son to arrive, my nurse repeatedly asked whether I planned to get an epidural. I answered no each time she visited, but the constant questioning wore away my confidence and I eventually consented.

When the epidural was administered, my blood pressure dropped immediately. I was hot, nauseated, and sure I would pass out. I was given IV fluids and an oxygen mask, and spent many of the remaining hours of my labor nauseated and vomiting.

After the epidural, my labor slowed so I was given Pitocin. I remember this as the moment when I felt that I had lost control. My sister had experienced a serious uterine rupture after being induced with Pitocin so I knew in my gut that this was not the best thing for me and my baby, but did not know that saying no was an option.

My labor progressed and on Wednesday morning I was finally dilated to 10 centimeters and ready to push. I had no feeling following the epidural, so I felt no urge to push and couldn't tell whether my efforts were strong or effective. After an hour and a half, our medical team announced that the baby had crowned, but a moment later the energy in the room shifted. I was told that the umbilical cord was wrapped around his neck and the cord needed to be cut at the perineum. Then, suddenly, my medical team was aggressively manipulating my body. They were pumping my legs and pressing on my belly. More personnel poured in and my partner and my mom were suddenly crowded out of sight from my bed and I was told that I could not stop pushing. This was my first baby so I assumed that all of this was normal.

Two minutes after crowning my son was finally delivered, but he did not cry. I frantically asked why he wasn't crying but got no response. I had multiple conversations requesting that the baby be immediately placed on my chest for skin to skin after birth, but now he was silent and being whisked across the room without explanation. We suddenly realized that something had gone very wrong.

At this same moment I had the urge to push for the first time and delivered the placenta. I had experienced a second degree tear so my doctor began to stitch me up and as he did there were sudden cheers. The baby was breathing! He was measured, placed in his dad's arms, and 30 minutes later he breastfed for the first time.

He weighed 8 pounds, 13.5 ounces and was 21.75 inches long—quite large considering my 5′ 2″ frame. In the dizzying time immediately after birth, I remember them mentioning that his right arm didn't have full range of motion. His face was covered in bruises and the blood vessels in his eyes had burst so that there was almost no white to his eyes. Otherwise, things seemed normal. He slept, fed, and pooped.

I, on the other hand, was in a lot of pain. Sitting up was a nightmare and my entire pelvic region ached and throbbed and was extremely swollen. I was given Vicodin for pain and my nurses filled baby diapers with ice to create cold packs. Those cold packs were my only relief.

Afterwards, it was unclear to me whether the birth we had experienced was normal. I remember asking other moms why no one had ever explained how my pelvic floor would ache for weeks after