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Because you can : a contextual autobiography

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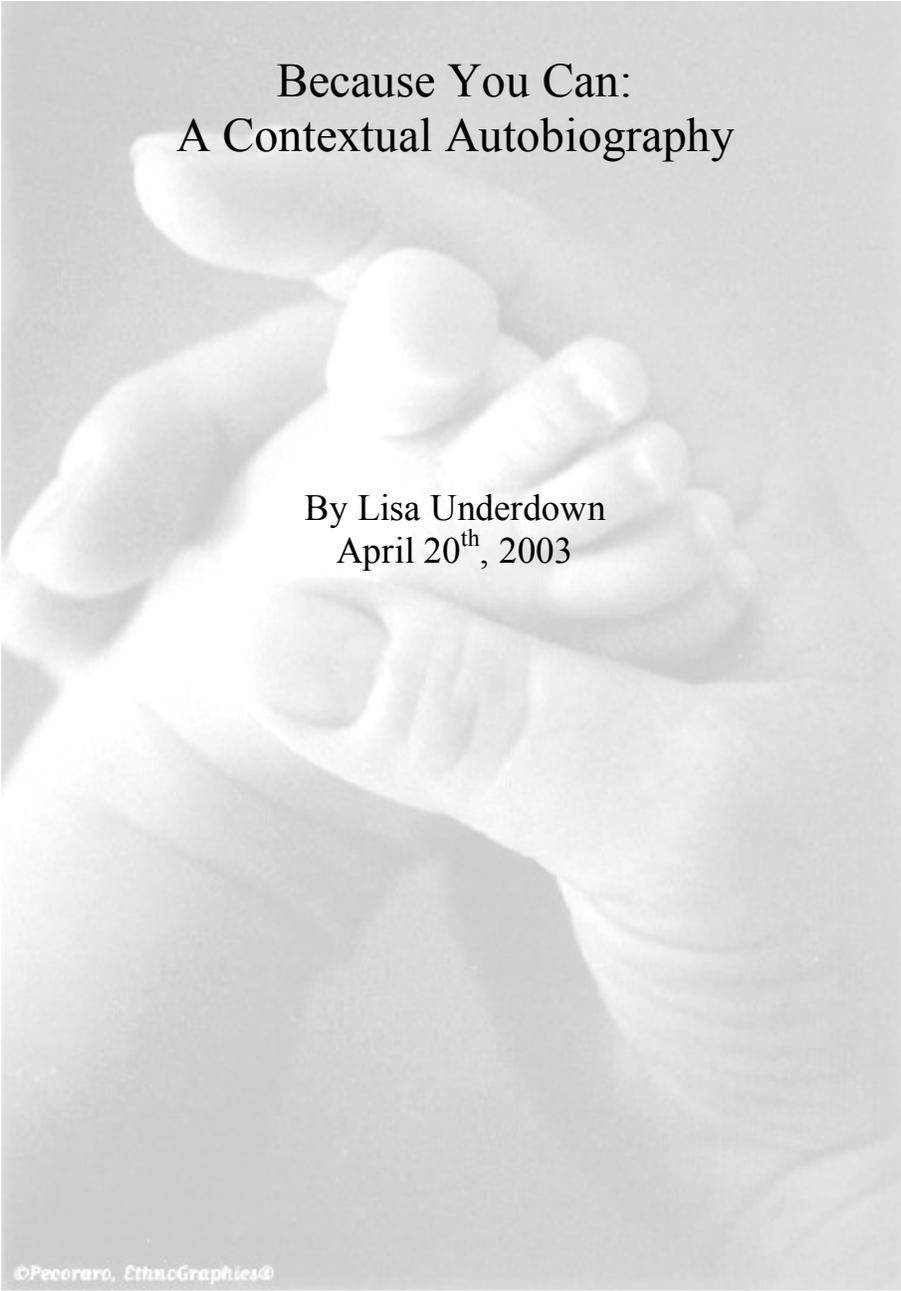
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Because You Can:
A Contextual Autobiography

By Lisa Underdown
April 20th, 2003

HCOM 475
Senior Capstone Seminar

With Professor Kia Lilly Caldwell
Ilene Feinman, Advisor

April 20, 2003

Because You Can: A Contextual Autobiography
Plus the Booklet: Exploring Your Natural
Childbirth Choices
By Lisa Marie Underdown

Acknowledgments

First, I'd like to express my profound appreciation for all the midwives over the centuries who have persevered in handing down their intimate, sacred knowledge of birthing. They have always been there -around the world- to help women and to gently assist in guiding the future into being.

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To my children, Sierria and Nathaniel: You will always shine brighter than any star in my heart. Thank you for coming into my life and reminding me to be powerful.

To my Grandmother Pratt: I don't even have the words to express my love for you.

Thank you for always listening, for your unconditional love, and your positive birth story! Thank you for being there to care for a lonely little girl.

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Because You Can: Exploring Your Natural Childbirth Choices (a booklet)

Because You Can

one deep cleansing breath--
A dandelion appears. Like a child,
I blow my pain away,
Pain and dandelion seeds drift,
carried away to new soil.
Transformation begins.

I can hear my childbirth
teacher counsel me. Her wisdom
suggests I use two
or three breaths for each contraction.
Now I understand the connection
between breathing and being

If I turn my head, the sight
of a cold metal rod with plastic bag intrudes.
Metal wheels as the duty nurse
moves with purpose into the room, their room.
“What is that for?” I ask, suddenly alert,
jarred out of my dandelion state.

For the third and final time
I refuse their offer: drugs
dripped into my body for the pain
through an opening in my vein,
their anticipation of a possible
surgical removal,
a clear attempt to interfere
with my vision for natural childbirth

So they bring in paper and pen,
their proof of my deviation
The long arm of administration unfolds.
I acknowledge my refusal with several strokes.
I wonder what my signature looks like.

My partner, humming with the energy of my progress
Is there – he knows the game.
He’s a player.
He moves along this path,
keeps their fear from us,
knows me,
trusts this intimate, beautiful process
of delivering life from the womb

An Introduction¹

I wrote the first stanza of this poem in April of 2000. I was glad to have communicated the beauty of my spontaneous visualization that occurred while birthing my first child, a girl, at Salinas Valley Memorial Hospital in Salinas, California. This amazing scene that was so much a part of my childhood came from/to me during the hardest part of labor (usually between 8 to 9 centimeters cervical dilation) that is typically called transition. I recently “unpacked” this poem (with some help from Diana Garcia) so that it could tell my story in greater depth and lend itself more fully to being an instrument of social action and hopefully inspire change.

I grew up in Northwestern Washington where dandelions grow madly in the spring and summer - that is why the image of a dandelion and the “dandelion state” are so important in the poem. I attended a class with my husband (which was affiliated with the hospital where I gave birth) that briefly touched on visualization as a technique to handle pain. However, this method didn’t really make a lot of sense to me at the time. It was taught as a distraction, some sort of gimmick that no one really bought as a valid way to relieve pain. Only after this picture/memory came to me, did I understand the power and the reason for such an experience. Combined with breathing, nothing could have been more empowering and useful as I literally “blew” the agony away.

The essential component of taking deep breaths and exhaling fully also act as the only way to get oxygen to muscles in need due to the work they are doing. I learned and practiced how to breathe deeply in class. However, it was while reading *Natural*

¹ Author’s note: I have chosen to use two styles of documentation in this piece so that the research in the introduction is overt and the footnotes used to support the storytelling are subtle and don’t distract the reader from understanding the experiences.

Childbirth the Bradley Way by Susan McCutcheon-Rosegg with Peter Rosegg, that I really understood the importance of relaxing and the ways the two were related. Although the book assumes somewhat of a paternalistic voice, passages such as, “Remember, normal breathing is a reflection of good relaxation, and relaxation is the real key to a successful labor,” made an impression on me (Rosegg, p 91).

I have always respected nature and felt that birth, like many other things in life, usually goes along fine without a lot of fuss. I grew up with stories from my grandmother who bore my father in another lady’s home at the base of a mountain near the mining town in Colorado where they lived. She had been a ballet dancer and her husband encouraged her to continue maintaining her fitness by accompanying her in walking a mile a day during her pregnancy. She said she had her first and only baby (in 1940) in about four hours and that it was nothing too unbearable.

It was important that I was able to grow up with and hold onto positive birth stories so that the many “horror” birth stories that I heard (that have multiplied in this country in the last 80 years) didn’t have to be what I came to fear and accept. In a chapter about choices, the authors of *The Birth Book* talk about exploring your birth philosophy and included this similar sentiment, “but she has exposed herself to the parade of veterans only too eager to share their own horror stories about birth.” (Sears & Sears, p 29). Although this passage lacks the element of compassion for the millions of women who have experienced this “horror,” the understanding that the stories other women share with you can also become your reality if unexamined, rings true.

My own mother died when I was nine, so I could never ask her about her four births. But, as she was alone in a hospital - probably highly medicated and even possibly

tied down, and never really talked to anyone much about them - I can only assume from what I have read of hospital childbirths from the 1960's to the early 70's that they weren't very "empowering". In a haunting story from the radical book *Immaculate Deception* comes a description of a women birthing in a hospital around 1968; "Her hands were strapped down at her sides with leather handcuffs, and her feet were placed in metal stirrups." (Arms, p 74). There are stories about the trauma of my brother's birth (born in 1969) and how he had to remain in ICU for a while due to respiratory problems, possibly due to a poorly assisted and highly medicated labor. The story goes on to read;

Marion was waking up; she had not been given sedatives for some time, because that was the policy in this hospital. Current studies showed that the sedatives commonly used for labor inhibited a newborn baby's ability to breathe...
(Arms, p 74)

When I became pregnant, I was very determined to have a natural, unmedicated birth and felt that it was my right to take responsibility for bringing my child into the world. I read several books such as *Natural Childbirth the Bradley Way* and *The Birth Book* by William Sears, M.D. and Martha Sears, R.N., which helped me along my path of exploration. The positive description of and encouragement to use a certified nurse-midwife (if one could be found in the area) that I read in the Bradley book worked for me (Rosegg, p 23-24). I decided I definitely wanted a midwife, as I needed the kind of attentive, whole-body, natural care that they provide. I thought about birthing in a birth center but the nearest one was in Santa Cruz, which was 45 minutes north. This being my first birth and being raised in this climate of fear surrounding birth, I just couldn't feel comfortable enough with that choice since it was a bit of a commute, and I definitely was not ready to choose a home birth. I simply didn't know enough about it; I had never met anyone who had birthed at home, I didn't realize that women in most other developed

countries who birth at home with knowledgeable midwives have excellent outcomes (Harper, p 52), and I hadn't met or talked with any midwives.

Also, I had read in *The Birth Book* about the importance of being in a place where you are most comfortable to help alleviate fear, which in regard to childbirth, can cause a women to experience pain more intensely (Sears & Sears, p 47).

How this element of fear can hamper birthing women is explained very clearly in a passage from the book, *Gentle Birth Choices*;

In *Childbirth without Fear*, Grantly Dick-Read noted that when a woman experiences fear (an emotion), her body tightens (a physical response), which causes pain. When she experiences the pain, her level of fear increases, causing more tension and thus more pain. A cycle of fear, tension, and pain is established and often leads to a prolonged birth process (Harper, pg 170).

However, most importantly, I simply did not know and therefore trust my inherent ability to birth. Only when I read *Our Bodies, Our Selves* by The Boston Women's Health Book Collective and *Women's Bodies, Women's Wisdom* by Christiane Northrup, M.D. did I start to understand how women have been taught to hate and distrust their bodies and the messages they can send.

It is a small step from having no economic or political power to feeling and behaving like a victim. That is precisely what began to occur with women, and this of course affected childbirth. Women felt victimized by their body's natural functioning in the areas of sexuality and birth. They were alienated from their bodies... (Arms, p 60).

And as in so many other areas of women's lives, we are still suffering from this powerlessness and the rising rate of cesareans (from 5 percent in 1970 to 25 percent in 1990 and holding steady) in this country can be equated with the rising rate of violence against women (Harper, p 64).

Doctors in the mid 19th century even, “performed cruel (gynecological) experimental surgery on many women, especially enslaved black women and poor women, in the name of science.” (Boston Women, p 468). These actions are an extreme example of the expression of the medical profession’s disrespect for women (which has always affected women of color and/or poor women disparately - due to racism and class-based prejudice), which have become internalized by many women (Boston Women, p 470). Thus, they give over their responsibility for birthing and often don’t even realize their ability to birth un-medicated and the power that lies therein (Arms, viii).

Western scientific theories about the human system - specifically in exploring the mind/body connection as if they occupied two separate spheres - have also given rise to problems for birthing women. This false separation, as science is quickly discovering, has kept women from understanding how they can work with their labors; “In his book *Quantum Healing*, endocrinologist Dr. Deepak Chopra explains that everything we experience in our lives –memories, emotions, thoughts, and stimulation- is really what forms our minds.” (Harper, p 169). The damage separating the mind and body has done, along with misogynist treatment of women’s bodies and the lack of value placed on what women’s bodies can do, has caused us to doubt our abilities and be repulsed by our own physical aspects.

This lack of confidence and dissociation from the body continue today. Consider the fact that one out of every four births in the United States since 1988 has been a cesarean surgery. Moreover, consider that the overwhelming majority of cesarean births do not occur among those women who might be considered medically at high risk. Cesareans are much more often performed on healthy, well-educated, middle-class women who go to private physicians and give birth in private hospitals. Among the

same population of women who have midwives at their births, the cesarean rate is well below 10 percent. (Arms, p 60)

One of the reasons that middle and high income women may be party to receiving cesareans (as stated above) is their own desire for medicated births. In a blatantly racist (and devoid of an understanding or respect for the power of labor and delivery) statement one professional woman said, “Knock me out – I’m not an Indian,” (Northrup, p 460). This position also reflects an ethnocentric ideal of the American medical model of birth as superior to any other, particularly as experienced outside of white America (Jordan, p 146).

Women of color and low income white women have higher rates of infant and maternal mortalities, even without the higher cesarean rate (Jordan, p 47). This is mainly attributed to poor pre-natal care due to lack of access, ability to pay for such, and the medical establishment’s avoidance and denial of medical intervention when truly needed (Boston Women, p 434). However, I would add limited choice of care-givers to the list, specific to the area of the country that a woman lives in. A woman living in our community who uses Medical can choose a nurse-midwife but must have or find transportation up to Watsonville or Santa Cruz for care and then deliver in a hospital there (Central Coast Alliance for Health Directory).

For a woman to choose a homebirth she must somehow become comfortable and familiar with the idea, find a midwife, and then figure out how to pay for it. Few private insurance companies will pay for a homebirth, although this is changing and some midwives can bill the prenatal visits separately. Currently, it costs around three thousand dollars in Monterey County to receive prenatal, birth, and postnatal care from a midwife. This amount can be impossible for people to come up with. Although I had medical

insurance, the deductible (strangely enough) was the same amount that most midwives charged for a homebirth in this area. I decided I might as well give the money to a midwife so that I could have the kind of birth that I wanted and needed. I myself was privileged to be supported in this desire by my middle and upper-middle class family and they generously shared in the cost. I was also able to identify with the overwhelmingly white women in this community who make up the alternative birth scene –as educators, labor support assistants (or doulas), and midwives.

If a woman really wants to birth at home, some midwives locally will help her find a way to do so and do attend women for little or no cost at times. Local doulas participating in the group Doulas of Monterey County also volunteer time to be with Latina women birthing at Natividad Hospital in Salinas.

In other areas, the cost of using a midwife is much less and in rural areas can sometimes be the only option. In the book *La Partera: Story of a Midwife*, the author talks about communities using, honoring, and trusting Latina midwives as the only caregivers in their areas. From *Our Bodies, Our selves*, we read about Granny midwives of the South who successfully delivered babies at home (since it was illegal for blacks to use many local hospitals) up until the Civil Rights Movement, after which anti-black midwifery laws began being passed, mainly so that white male doctors could earn money from black women's births. And many Native American communities also held onto their traditional birthing practices longer than other ethnic groups due to the same racist attitudes in the dominant white medical establishment (Boston Women, p 452). In Kentucky, the profession of certified nurse-midwives was born because these women were the only ones willing to visit remote areas of the Appalachians and required

additional education in assisting their clients with labor and delivery (Edwards & Waldorf, p 11). Most were white due to the inability of women of color to get accepted into (or obtain funding for) nursing schools.

My First Birth Story

When I realized that I was pregnant in November of 1996, I checked out my insurance plan that was through Blue Cross to see what my options were.² It just so happened that there was one Certified Nurse-Midwife (C.N.M.) practicing with an OBGYN group in Salinas that accepted my insurance. I lived in Seaside, which was about 20 minutes away from their office and from Salinas Valley Memorial where she had privileges to practice. The local hospital, CHOMP, did not allow Certified Nurse Midwives (as do many other progressive institutions in this country) so I was definitely not going to deliver my baby there.³

I made an appointment with this C.N.M. around December, when I was two months along as I was eager to meet her and decide if she met my needs. Sure enough, she was a wonderful woman and I felt very relaxed after spending nearly 45 minutes with her, which was to be the norm. The urine and blood pressure tests got to be annoying, along with the long waits in the “waiting” room and the boring, cold, sterile “examination” rooms but she was worth it. We had around 12 appointments together during my pregnancy. Little did I know at the time what her work schedule was like and

² The Boston Women’s Health Book Collective. (1998). Our Bodies, Ourselves for the New Century. New York, NY: Simon & Schuster, Inc. pg 450 –includes a discussion of what a women’s choices are, how they might be limited, and the ways to explore them.

³ De Vries, Raymond G., & Barroso, Rebecca. (unknown). Midwives Among the Machines: Recreating Midwifery in the Late 20th Century, De Vries & Barroso. Retrieved February 13, 2001 from the WorldWideWeb: <http://www.stolaf.edu/people/devries/docs/midwifery.html>

how she had to compromise her methods to negotiate hospital policy in order to assist more women.⁴

My water broke around 10:45 pm (on the 22nd of July), possibly brought on by my husband and myself stimulating my nipples in order to avoid having my membranes stripped because I was nine days past my “estimated” due date.⁵ I had read that this could be painful and seemed much more invasive to me than having sex or stimulating my nipples (which releases natural oxytocin in the body that can bring on labor, late in the game). When I got to the hospital, they lead me to my room and immediately had me lie down while they took my blood pressure, temperature, check dilation (I was at 2cm), and put an external monitoring belt across my belly.

Now, I don’t know if you’ve ever seen one of these, but they are big, ugly, and scary looking black things with wires coming off of them into a monitor. This monitor and that belt would become my nurse’s focal point through out the labor.⁶ I don’t recall her looking at me much or touching me unless she had to adjust the belt. She wanted me to stay in the bed, on my back to keep the thing in place but (as I found out after my daughter was born) I was having back labor and should have been on all fours or in the big tub in the bathroom.⁷

⁴The Boston Women’s Health Book Collective, pg 453 –explains how certified nurse-midwives have to negotiate the medical system.

⁵ Rosegg-McCutcheon, Susan, & Rosegg, Peter. (1984). *Natural Childbirth the Bradley Way*. New York, NY: E.P. Dutton. pg 213 –a seperation of amniotic sac from uterine wall, often produces terrible back aches and rarely stimulates labor.

⁶ Harper, Barbara, R.N. (1994). *Gentle Birth Choices*. Rochester, Vermont; Healing Arts Press. pg 59-64. – nurses focal point often becomes the fetal monitor tracing strips, searching for a reason to intervene. Also discusses the lack of evidence that EFM’s are useful and may in fact be causing more unnecessary cesareans due to inaccurate or unexplained readings.

⁷ Sears, Martha, R.N. & Sears, William, M.D. (1994) *The Birth Book*. New York, NY: Abbeville Press. pg 154 –in a section titled “Using Water for Labor” the author’s say the counterpressure of water can ease back labor.

The reason they wanted me to stay in bed was to monitor me with that belt (not intermittently or by hand with a fetoscope –both methods that work just as well if not better in a low-risk situation).⁸ Also, there is a slight risk that if your water breaks and the baby’s head is not engaged (deep in the pelvis), that the cord can slip down – becoming pinched. If they had just checked the position of the baby’s head after a little while, they would have realized that it was down far enough to prevent the passage of the cord and I could have moved around a bit.⁹

I did show up with several copies of my birth plan but the nurse who was with us most of the night didn’t even look at it. I knew that if I was eating ice chips or drinking fluids that I would not need an IV unless I wanted drugs and I stated that very clearly in my plan.¹⁰ They brought it in and started to fiddle with it and I asked them to take it away as I would not be needing it and didn’t want to look at it. They looked a little surprised but complied. Several hours, or “centimeters” later as I like to think of it, the supervising nurse talked with my nurse about bringing it back in and I told them that it wasn’t necessary.

When the pain got pretty intense, (probably around 7-8 cm) the supervisor wheeled it in again. As it’s put so clearly in the poem, I said, “What is that for?” They thought they could hook me up while I was in so much pain and maybe I wouldn’t notice or care? My husband was great and he firmly supported me. They made me sign a paper to prove that I had refused the IV and to cover their asses. Wonder what that signature

⁸ Sears & Sears, pg 80 –using a fetoscope to periodically monitor a baby’s heart tones is standard practice sanctioned by the American College of Obstetricians and Gynecologists.

⁹ Harper, pg 18 –this author offers us a strong critique of the lithotomy position as one of the worst positions to labor in and as being totally unnatural.

¹⁰ Arms, Suzanne. (1996). Immaculate Deception II. Berkeley, CA: Celestial Arts. –a discussion of how plans can be received as hostile.

looks like? They were, after all, only following hospital policy¹¹. They simply didn't know me. They didn't trust me or trust the process of giving birth. They couldn't ascertain where I was at without looking at a monitor? It was right there in my face, in my body, in my smile, in my moan.

The other day I was talking with my midwife and the student midwives about Birth Plans as pro-active ways of having the kind of birth you want in a hospital.¹² I was talking about informed consent –which is when the nurses or doctors think you should have any number of interventions and that they should tell you what it is and why they think you need it.¹³ What slipped out of my mouth was “conformed” consent, which is another way of looking at medical intervention in the popular sense.

There are certainly times when a woman needs aid but there are often times so many non-medical things that can be done first.¹⁴ And, as my midwife and friend Maggie Bennett was quoted by Terri Weigand-Kirby in her article, “Midwifery and Homebirth” (Peninsula Family Connection, Spring 2001), “Just the very nature of what goes on during labor at home versus what goes on in the hospital (the different ways that labor is managed in each situation) dictates that a certain percentage of births that would turn into C-sections in the hospital would not go in that direction at home.” Often times it comes down to the questions, “Who should manage the labor?” and “Who is taking the

¹¹ Arms, pg. 188-189 –offers an interesting explanation of how the routine use of interventions leads to more interventions (what is commonly known as the “slippery slope”).

¹² Sears & Sears, chp 13 –a good resource for creating a personal birth plan if one is birthing in a hospital.

¹³ Rosegg & Rosegg, pg. 28 –these authors point out that since the corollary of informed consent is *dissent*, that you must “be ready to decline a procedure that is objectionable to you”.

¹⁴ Harper, pg 117 –the author explains how midwives try every trick in the book in order to aid a stalled labor.

responsibility to deliver this baby?" The response to these questions illuminates differing birth philosophies.¹⁵

So, even though I was surrounded and confronted with a far different birth philosophy than my own which caused me to wear a electronic fetal monitoring belt almost the whole time –forcing me to stay in bed with back labor -around 3:30, I actually felt like pushing. It was in responding to my labor by turning from side to side (even with that cursed belt on and the nurse chastising me for letting it slip down when I turned), the support and love of my husband who stayed by my side constantly –holding my hand through strong contractions (his gentle, compassionate smile spoke volumes), and concentrating on breathing and relaxing that I was able to progress so rapidly.¹⁶

It took me a few urges to realize that it was a pushing sensation that I was feeling and that I was probably dilated to ten centimeters, that magic end number for cervixes everywhere. All of a sudden, several nurses came in and one checked my dilation. Sure enough, I was at ten –I was surprised that it had gone so fast! My CNM had called when I checked in to say that she had just gotten home and was going to get a little sleep –did I need her? No, I didn't really want her hanging around so I was fine with it.¹⁷ They told me to blow and not to push (ha!) while we waited for her. It took her about 15 minutes to get there and by then I didn't really feel like pushing again and never really did.¹⁸ They worked with me for two hours –at one point my midwife tried to turn my daughter because she was posterior (her head was along my spine and she would be born sunny-side up or face-up, rather than the usual face down and then they rotate up). Then I told

¹⁵ Sears & Sears, pg. 28 –how a woman's philosophy of birth effects or limits choice.

¹⁶ Harper, pg. 209 –the importance of birth companions in aiding labor is explored.

¹⁷ Harper, pg. 19 –the disruption of a care-givers presence or chatter can cause a woman to loose the ability to focus on the work of birthing.

¹⁸ Rosegg & Rosegg, pg. 171 –examples given of allowing a woman to wait until she feels like pushing.

them to stop and I said I was going to stand up on the bed (they seemed pretty determined to keep me there so I didn't think about squatting on the floor). I had been lying there for 6 hours and now they wanted me to push when I didn't feel the urge? I had to get up on my feet and allow gravity to assist me. Thank goodness I had a midwife. Can you imagine a doctor going along with this? Later she told me that many women have trouble pushing a posterior baby out.¹⁹ So, after a few good pushes, I positioned the baby to be born and her head came down the birth canal –or vagina- and crowned with a lovely head of dark hair. The burning sensation of crowning is something you never forget –not the usual kind of thing you feel “down under”. I was even able to lean down and pull her the rest of the way out, placing her on my stomach. Talk about an empowering action!²⁰ I had torn a little during crowning but was soon stitched up, nothing serious.²¹ I was glad that my midwife supported my concern about not receiving an episiotomy unless it was totally, absolutely, necessary (such as needing to birth the baby quickly due to an alarming sustained change in fetal heart tones during pushing) which is rare in a normal, healthy, unmedicated labor. None of this would matter in my second birth in due partly to the fact that my lay midwife expertly guarded my perineum with massage as I was birthing my son, at home!

My Second Birth Story

When I became pregnant with my second child in January of 2001, I was totally committed to having a home birth. What had changed? How did I come to this decision

¹⁹ Sears & Sears, pg. 212 –explores the challenges of birthing a posterior positioned baby and the usual need for intervention in a hospital setting. My C.N.M. did try to manually rotate the baby but to no avail. This procedure, although incredibly painful and invasive, can help a baby from being stuck but should only be used after other techniques (such as shifting positions) have been tried.

²⁰ Sears & Sears, pg. 225 –Martha Sears tells her own thrilling story of helping catch her baby.

²¹ Harper, pg. 75 –the author dispels the myth of an episiotomy healing better than a tear.

and how was I able to be so comfortable with something that few women choose to do in this country? After the birth of my daughter, my interest in childbirth and midwifery was ongoing. I read many different books; from anthropological perspectives on birthing in different countries –ie: *Birth in Four Cultures*, a famous (or infamous, depending on your take) radically feminist exposé appropriately titled, *Immaculate Deception*, to local articles about midwives and doulas. I was intrigued by low (much lower than the U.S.) infant mortality rates in countries where 70% of the women delivered with midwives.²² I also liked the idea of honoring birth as a spiritual event that I realized would be nearly impossible for me to do in my own way in a hospital.²³ I was able to experience my daughter’s birth consciously and I realized that I could confidently give birth unmedicated and uninterrupted in my own home this time, trusting in and excited by this beautiful, natural event.

Although, I understood that sometimes even when there are no pre-natal red flags such as very high blood pressure, that even women who plan on giving birth at home or in a birth center, want or need to transport to the hospital for assistance. And thank goodness for our ability and privilege to do so (not that everyone will be able to pay the financial costs) and to the men and women who do receive much of their training focused on intervening in high-risk situations. We don’t “control” the process of birth but we can and do influence it; from environment, use of technology, education, and attitude - down to support people, nutrition, habits, and pre-natal care.

²² Harper, pg 34 –exposes the perinatal mortality rate in the U.S. as ranking higher than twenty-three other countries.

²³ Boston Women, pg 434 –said it well; “Within this system the sexual, social, and spiritual dimensions of pregnancy, birth, and motherhood are ignored, suppressed, or completely unknown.”

I also happened to read and use a wonderful article in a local quarterly publication *Peninsula Family Connection* in a presentation I did in a class about doulas and midwifery between my births. In this article titled (simply enough), “Midwifery and Homebirth,” (as mentioned in my first birth story) the author interviewed four local midwives. After reading it several times and talking to some local friends who had also chosen to birth at home with midwives (although each with a different midwife!), I set up a meeting with the woman whom I felt would jive best with my family and myself.

The meeting went very well –she was just as I had pictured; a beautiful little woman in her 50’s with a warm, open smile and intelligent eyes. Her hands were wise, loving, competent tools that she used to soothe, explore, and investigate. Her home office was filled with sculptures, paintings, and photographs of birthing women and families holding newly born members in loving awe, often still attached to the placenta. She had quilts on the bed and her computer stood alongside like a nightstand. There were birthing books on shelves and awards pinned to walls. I made an appointment to see her again soon.

That next appointment didn’t turn out like I had hoped. At 12 weeks, I started to bleed heavily. I went to see her and as she felt my uterus and we talked about how I was feeling - it seemed that I had lost this pregnancy. Since there was not any tissue passed and I had tested positive on a pregnancy test, I decided to go to my previous midwife to obtain an ultrasound (located in her office shared with ObGyns’) so that I could be sure about the status of the fetus. It was a very confusing time for me and I suddenly understood how it could feel to have a miscarriage; the disbelief, the numbness, the embarrassment, the blame, the need to act, and the grief.

In November that same year I became pregnant again and called my midwife ecstatically. This time the fetus was strong and developing well so I was able to meet with my caregiver monthly for all the routine blood pressure, urine, and uterine checks. Our meetings lasted anywhere from an hour to an hour and a half, all spent with my midwife and her competent assistant, a student midwife and doula of seven years. Our discussions ranged from nutrition, heartburn, and fear of losing this baby to exercise, homebirths, and my birth “plan”.

One area that I felt free to discuss and deal with was my feeling of loneliness. Ever since my mother died, I had suffered from overwhelming bouts of loneliness. I was sad that she wasn’t there with me to support me and had to really realize that no one could replace her role for me. I also had trouble with my daughter’s aggressive behavior toward the end of my pregnancy during which I was very tired from lack of sleep caused by constant indigestion. I worried about calling my retired father to come down to help earlier than he had planned but with the support and encouragement of my husband and midwives, we called him and he came down the next day!²⁴

This baby was also 9 days past his “estimated” due date and although I continued to stay active (going to the beach, shopping, and walking) I felt like hiding out when people would ask, “Haven’t you had that baby yet?” and alarmed when they would say, “Just go to the hospital and get induced.”²⁵ About 3 days before he was born, I noticed a lot of goeey mucous being discharged from my vagina and was encouraged that the time

²⁴ Harper, pg 115 –although on the outset, it may be unclear why this resolution would be so important to a healthy labor, my midwife’s ability to recognize blocked “energy” and deal with it compassionately, helped lessen my stress and allowed me to focus on the event at hand. This “technique” is typical of the many positive attributes of the Midwifery Model of Maternity Care.

²⁵ Sears & Sears, pg 208 –the authors’ talk about the estimated due date (EDD) and the possible tension of how one (and others) relates to it .

was drawing near. Sometimes toward the end, you wonder if it's possible that you might stay pregnant forever.

I woke up August 21st around five in the morning with light contractions. I lay in bed for a while and sort of timed the contractions to see if they would last. After about twenty minutes and four contractions I decided this must be it and was too excited to go back to sleep. I left my husband and daughter asleep in the bed and proceeded to walk around the house, straightening things and burning sweet grass at dawn on the deck. I casually timed and wrote down the length and interval of my contractions for about two hours. They remained about one minute long and five minutes apart this whole time and I wondered a little about the timeliness of how things would progress.

Around seven a.m. when my husband and daughter got up and started getting ready for work and school, I told Mark, my husband, that today was the day. He smiled and asked if he should go to work or not and I said probably not. We decided to send our daughter to school as I thought it would be nice to have some time alone with my husband and figured my dad and step mom (who were staying nearby at a trailer campground) could pick her up later at school. When my husband came back from the bus stop at eight, I suggested we call our "team" as the contractions were causing me to stop walking and I was pressing the small of my back to relieve the pressure I felt there.²⁶ By the time they arrived, I was bending over with the contractions –I was kneeling in our office-type chair and bending over onto the table where I was fiddling with our music selection on the computer because I had heard a song that I had knew wasn't working for me. They came in the door and I smiled up at them. They could probably tell about where I was at in my labor and how I was feeling by my posture and response to their

²⁶ Sears & Sears, pg 159 –again, using counterpressure to relieve back pain.

arrival. My husband called my parents to let them know what was going on. He asked them to pick up our daughter from school and then give us a call, but when they did no one realized how quickly the labor would progress and they didn't make it back on time to witness the birth, as planned. I stayed in the kitchen a little while longer and then decided I wanted to get in the shower and use the hot water on my back to help relieve pressure. As I walked into the bathroom, I felt several strong contractions and had to sit down on the toilet.²⁷ I stayed there awhile with my husband watching and holding onto me. I then decided that my bed sounded really nice, as I wanted to lie down and concentrate on breathing and be in the dark of my bedroom.²⁸ I needed to feel the soft warmth of my bed and blankets, and have the body of my husband near me.

We moved into the bedroom where I remained, lying on alternate sides and holding my husband's hand. "Here Comes the Sun," sung by Nina Simone, was suddenly playing through the computer speakers, which had been moved into the bedroom and placed on my mother's antique dresser next to the bed. I began to cry as I felt my mother's presence and I knew that she was singing that song. I realized my child would be born soon and that she was telling me to hang on. My midwife, recognizing this "transition," affirmed my faltering weeps; she said that it was o.k. to cry and that it was totally normal and helped facilitate this process of opening up to give birth to my child.²⁹ I then felt the beginning urges of pushing and could feel the baby's head start to really press down against the cervix. My midwife suggested we do a dilation check and

²⁷ Sears & Sears, pg 192 –an entertaining title, "Ode to the Toilet Seat" heads this boxed section in which the usefulness of the position and relaxation of a woman using this "tool" is championed.

²⁸ Harper, pg 20 –this section discusses the use of low light as soothing for the mother, how it helps acknowledge the sacredness of the event, and often leads to the unforgettable experience of gazing almost immediately into the eyes of your fully present baby.

²⁹ Boston Women, pg 476 –in this section on giving birth they talk about what it is like to "open up".

wanted me to roll onto my back in order to obtain this information. I tried but was in too much pain to do this and told her that I was pushing and feeling the baby's head slide in and out of the cervical opening. She recommended that I do some blowing just to slow it down a little and give everything a chance to stretch.³⁰ I did that with Mark (our hands grasped and rocking back and forth from a half-sitting position on my side) for about 15 minutes but eventually became uncomfortable with the sensation of the baby moving in and out and just wanted to push the baby out. So, with several more pushes, the baby started moving down into the birth canal and the head became visible at the opening. The midwife was working on perineal massage and support as my husband held my hands and looked at his baby's head. She told me to reach down and feel the baby's head but I didn't really need to feel with my fingers because I could feel with every muscle, bone, and fiber in and around it!

As the baby was crowning, I gently pushed it out and felt the warm, wet, slippery body (which seemed to keep coming –I knew he was long!) and heard his cries. It was such a pleasant relief to feel that warmth and wetness, knowing it was my baby. It had been a dry labor, as we had never noticed any water breaking. After the midwife delivered the head and shoulders, she said, “Reach down and pull your baby out,” as I had expressed a desire to do this like I had in my daughter's birth. However, it happened so fast that I just couldn't. Mark pulled him out the rest of the way and laid him on the bed right next to me as I was still on my side. I think I was saying, “Oh my god!” We lay there in the dark, cuddled for several minutes before I rolled onto my back and brought

³⁰ Harper, pg 76 –benefits of slowing down the emergence of the head in order to stretch the perineum.

him onto my stomach with the help of the midwife.³¹ I was then looking down at him as she checked him out and I asked, “Oh, are those balls? Is it a boy?” It never really mattered to us whether we had a boy or a girl. But now we could see and it was one of the many things we would learn about him.

Here comes the son - my mother was right. She knew all along. Maybe she sent this precious angel to us. About twenty minutes later, I delivered the placenta –which I told my daughter was like a jelly-fish- and I was grateful that it was so healthy and had served the purpose of transferring nutrients to my son and ridding him of waste while he was growing and developing. Right after that, my parents showed up with our daughter and they were asking, “Is it a boy or girl?” and we told them to come and look for themselves. Later, my sister would ask confusedly, “So you had him at a birth center?” and I said patiently, “No, Patti. We never left home. I had him right in my bed with Mark and the midwife. We never left our home.”

³¹ Harper, pg 100 –Dr. Leboyer first stressed the importance of immediate skin-to-skin contact for the infant’s comfort. This is also used as a way to keep the infant warm, rather than an impersonal and foreign baby warmer. I would add that it is additionally beneficial for the mother to hold her child against her skin and helps facilitate the initiation of breastfeeding to aid in expelling the placenta.

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Capstone Research Prospectus

Spring 2003

By Lisa Underdown

Section I

Because You Can: Exploring Your Natural Birth Choices.

I am going to use my knowledge of possible childbirth choices to write a booklet that will be an eye catching, easy yet provocative read for anyone involved or interested in bringing a child into this world. I would like it to be something useful for the community –something free that could be set out and picked up at the YWCA, WIC offices, Community Centers, Birth Centers, toy and consignment stores, midwives and doctors offices. With Cesarean births at an all time high in this country -30% at many hospitals - and an infant mortality ranking of 25 internationally I believe the need for childbirth education and empowered birthing is critical to the health and well-being of not only women and babies, but families, communities, and our nation.

Section II

The first MLO that will of course be crucial to a well written, sensitive, and useful booklet will be MLO 1 -critical communication. Several of the issues that I must keep in mind and explore are: 1) access to choice of care, 2) how fear, history, and society play their parts in creating and limiting peoples choices, and 3) how strong emotions and birth memories can invoke defensive responses and darken the path to exploration.

These three issues will be part of my use of MLO 2 -research skills. I will need to approach my research and writing carefully so as not to alienate anyone who would like to know about their choices by being too “alternative”, “preachy”, or ignorant of how someone is situated .One of the best ways to research what the community (Monterey County) needs and what they feel would work well is by asking around at birth centers, talking to members of DOMCO (Doulas of Mo.Co.), and childbirth educators from several different towns. These folks are in the business of educating the public and meet people from all walks of life.

The final MLO that I will be using is 8 -creative writing and social action. By creating a booklet (hopefully creative, provocative, and informative) that addresses a community’s need to empower themselves by making informed and conscious choices regarding childbirth, I hope to help create positive change. If only one man or woman begins (or continues) to explore their choices or question how it is that we as a community are giving birth to our children, then this project will be a success.

Section III

Research Questions: 1. What kind of access do people in our community have to childbirth choices? 2. How does fear act to limit choices and create myths? 3. How does

society perpetuate these fears (explore authoritative knowledge-culture) and what are the ways we can dispel them? 4. Why would a women want to give birth with limited intervention? 5. What are some methods for inspiring people to “safely” explore their birth choices and experiences? 6. What role does “status” play in influencing people’s childbirth decisions? 7. What are some ways people can evaluate a hospital or caregiver? 8. How can someone be an advocate for their desire for a gentle birth in a hospital setting? 9. What do people need to know about birthing in hospitals (ie: their rights, hospital protocols, etc)? 10. What are the differences between independent birth centers and ones that are associated and/or located within hospitals?

Section IV

Primary Sources:

Maggie Bennett, LM. 3 Balfour Seaside, CA. 93955. I will be asking Maggie what she thinks would be some important points to include in a booklet about childbirth choices.

Childbirth Education League, P.O. Box 1423 Salinas, CA. Contact: Ruth Gingerich, P.N.P. I will be consulting with Ruth to get her input on the booklet –particularly regarding issues of access to choice.

Kirby, Terri Weigand. (Spring, 2001). Midwifery & Homebirth. Peninsula Family Connection, 6-10. Pacific Grove, CA.

Provider Directory for Central Coast Alliance for Health (Medi-cal) effective July 2002.

Student Midwifery Study Group 3 Balfour Seaside, CA 93955. I will ask these women what they think might help motivate/encourage someone to consider and explore their choices.

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Section V

I have spoken to several of my primary sources in order to get some ideas about what to incorporate into my booklet. I plan on submitting a rough draft to Maggie Bennett, Ruth Gingerich, and Cathy Gable in order to gain their valuable input/critique. I believe they will offer balanced feedback that will help me remain inclusive of a large audience while still maintaining my commitment to supporting gentle births (as described by Barbara Harper). I will need to re-read several sources looking for support in the following areas: Our Bodies, for info regarding choice through an economic lens, track down the articles by Cordelia Hanna and Caroline Costa (which are from medical perspectives/sources) so that I can remain inclusive of those choosing a hospital birth and yet be a source of information on how they can be strong advocates for the kind of birth experience they desire, wherever they choose to birth. I also need to reread Part II in “Birth in Four Cultures” in order to gain a better understanding of authoritative knowledge and its relationship to status and how it affects individual choice.

Section VI

I am not sure how best to present this booklet. It will probably be based on the booklet itself—maybe presenting a PowerPoint slide on each of the different sections and giving some background research/contextual support for why I organized it in the way that I did and why the booklet itself and the information contained therein is important - both for families and the community at large.

Section VII

My main roadblock at this time is how to organize the booklet. I need to identify the most important points/information that I want to present and then do so skillfully and engagingly. I want it to be easy to follow, interesting, possibly fun? And, always empowering and inclusive. The first and foremost thing that I need to address is the title, "Because You Can". I think this will aid in introducing the booklet and the importance of educating/empowering people to make conscious choices regarding their births. I still would like to end it with my poem and a little bio about myself and my experiences so the audience can "meet" the author. So, now I just have to figure out what to put in the middle! I would still like to have at least 50 copies made so that I can hand out something tangible to friends/family/associates. But that task seems a little daunting presently so I will just focus on creating the booklet first and then see if it is worth pursuing additional bound copies.

Section VIII

I will probably archive my Capstone with the CSUMB library. I will just need to put the booklet in pdf format and also submit the PowerPoint presentation. I think it would be nice to "leave my mark" and offer it as a resource for research or personal information to both CSUMB students and the rest of World Wide Web users.

Reflection

For too long we have given our power to birth over to others to manage through medical intervention, distrusting and disconnecting from our bodies and our intimate knowledge of the life we can carry within. The paradigm of patriarchy that reins supreme in our hospitals acts to suppress and harm women's spirits at one of the precise times in which she can discover just how powerful and sacred her life and inherent abilities are. I view birth as a spiritual and physical challenge and just as I would not take a helicopter up to the top of a mountain, nor would I want to detach myself from something that requires my total presence. True, the view is just as beautiful once you get to the top and maybe in some ways "easier" through the use of a helicopter but is it as empowering as when you hike up? Doesn't the act of moving your body and the deep breathing prepare you for the rush of reaching the summit?

My dear sister, whose complications targeted her as high-risk, was privileged in that she had access to excellent medical care so that she could deliver her baby via cesarean section. But, she wondered, "Lisa, what does it matter whether you have a baby vaginally or not? Why would you want to feel any pain?" My mind spun and the things I had heard and read about the "slippery slope" of intervention came immediately to mind. But what came out of my mouth, what seemed more important than all of the other reasons was, "Because You Can."

Thus, the title of my capstone was born and I set to work researching and pondering the creation of a booklet, which would encourage people to explore their

natural childbirth choices. The challenges were many; my education had taught me to critically analyze sources of information that are routinely accepted in this culture. I also had to keep in mind access to choice and the roles class/race/gender played in influencing policy, practices, and the acceptance of authoritative knowledge. I had to expose and engage the fear of birthing and how this is perpetuated by society. I wanted to be inclusive of those who may often be left out of childbirth ed books and pamphlets so I didn't use the word "husband" or father to describe interested parties or support people.

I am not a nurse, midwife, or medical expert. I cannot and have no desire to delve into discussions regarding medicines, complex complications, or hospital policies. My booklet is designed to engage people's interest in natural childbirth and inspire them to explore their pre-conceived notions about birthing and discover what their options are in regards to caregivers and birth locations. One thing that my good friend and midwife reminded me was that just because someone has decided to use a midwife, birth in a hospital, attend a traditional Lamaze style class, or has had a medicated or surgical birth does not mean that any other options are then closed to them. They stand in front of at least several doors and can open and close them when and if they choose.

I had originally only intended to write the booklet but found myself unable to start. In order to get organized, I started a free-write that went from a ten page personal story and opinions to becoming a 17 page research-documented contextual autobiography. I took a segment from my life, discussed it, explored my standpoint and privileges, and backed up my knowledge with research. I had never written a paper that way before but I had so much knowledge and so many things that I wanted to

communicate that the information just came pouring out and I wasn't sure just what I could or should put in a booklet.

Ultimately, it became clear that the main thing that I want people to walk away from my booklet with is feeling more confident in their ability to get informed and make conscious choices regarding their own and their baby's health. I want them to confidently embrace their power to birth and come away from their experience energized and in awe of their innate knowledge. I want them to understand the difference between submission and surrender when it comes to dealing with pain. I want to stimulate their interest and cause them to skim or even read any part of the books from my succinctly annotated research/suggested reading section (including websites). Or, talk to their friends, family members, or caregiver about their birth(s), past or future. I want them to know that women birth in different places with different people successfully! If they discover that their choices are limited and that this is affecting their ability to have the kind of birth they want, I want them to ask, "Why?"

You are having a baby!

Did you know that birth is a physical, mental, and spiritual challenge that can lead to the discovery of just how powerful you are?

- ❖ Take some time to skim through this booklet. See if you learn anything new –something inside might just surprise or inspire you!

-Have you thought about the kind of birth you want and who would support your vision? (pg 4)

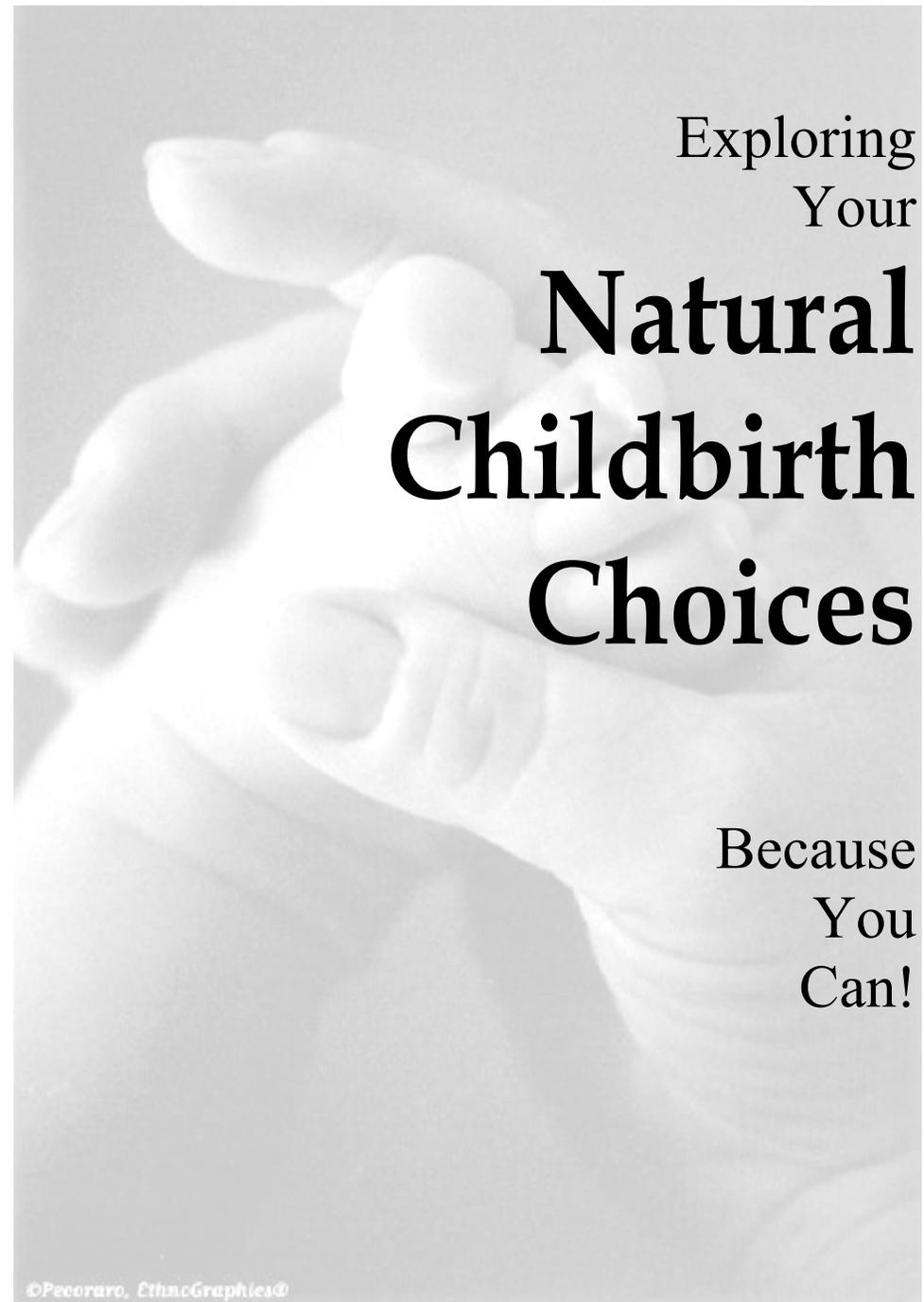
-Did you know that un-medicated births are the gentlest way to go for both you and your baby, and that there are many effective ways of managing pain? (pg 5)

-Do you know which caregivers are accessible to you in your area? (pg 6)

-Did you know that people birth safely at home and in birth centers? (pg 7)

-Have you heard about writing a birth plan? (pg 8)

-Are you looking for some encouraging sources about childbirth? (pg 9-10)



Because You Can

by Lisa Underdown

one deep cleansing breath--
A dandelion appears. Like a child,
I blow my pain away,
Pain and dandelion seeds drift,
carried away to new soil.
Transformation begins.

I can hear my childbirth
teacher counsel me. Her wisdom
suggests I use two
or three breaths for each contraction.
Now I understand the connection
between breathing and being

If I turn my head, the sight
of a cold metal rod with plastic bag intrudes.
Metal wheels as the duty nurse
moves with purpose into the room, their room.
“What is that for?” I ask, suddenly alert,
jarred out of my dandelion state.

For the third and final time
I refuse their offer: drugs
dripped into my body for the pain
through an opening in my vein,
their anticipation of a possible
surgical removal,
a clear attempt to interfere
with my vision for natural childbirth

So they bring in paper and pen,
their proof of my deviation
The long arm of administration unfolds.
I acknowledge my refusal with several strokes.
I wonder what my signature looks like.

My partner, humming with the energy of my progress
Is there – he knows the game.
He’s a player.
He moves along this path,
keeps their fear from us,
knows me,
trusts this intimate, beautiful process
of delivering life from the womb



Phone numbers:

American College of Nurse-Midwives referral line is: **888-MIDWIFE**.

North American Registry of Midwives (CPMs) **888-842-4784**.

Doulas of North America referral line: **888-788-DONA**.

Access for Infants and Mothers (Cal Med-Insurance Program.) **800-433-2611**

- ❖ Attending a local La Leche League meeting is also a wonderful way to find **compassionate doctors**, midwives, childbirth teachers, and birth centers (as well as getting some information and encouragement to breastfeed, if that applies to you) Call 800-LA LECHE.

Now meet the author!



fm left to right; Maggie Bennett, senior midwife, Clare Twohig, assistant midwife (holding Nate Underdown), the author & her daughter, Sierra.

The author, Lisa Marie Underdown, discovered the politics, people, and power of birthing when she became pregnant with her first child in 1996. After birthing in a hospital (see poem –pg 2) with a certified nurse-midwife, she wanted to know more about homebirths. After reading many interesting books and talking with other women in her community, she had her second child at home. When people tell her she was brave to birth at home, she smiles and points out that women are brave to birth in hospitals.



Books Continued:

La Partera: Story of a Midwife by Fran Leeper Buss.

Published by The University of Michigan Press.

This book tells the life of Jesusita Aragón, a New Mexican Latina midwife working in the twentieth century. Reading this story helps facilitate an understanding of the many different approaches to and traditions of child birthing that exist in this country.

Immaculate Deception II by Suzanne Arms.

Published by Celestial Arts.

For anyone searching to understand a type of feminist perspective on the current state of pregnancy and birth in this country, this is a must read. The author uses an analysis of history, current practices and beliefs, and her stunning photos to examine the popular use of technology and the climate of crisis that surrounds labor.

Videos:

Giving Birth: Challenges & Choices

Five Women, Five Births: A Film about Choices

Timeless Way

Gentle Birth Choices

Websites:

www.cfm.org

Citizens for midwifery

www.motherfriendly.org

a childbirth initiative

www.dona.org

Doulas of North America

www.mana.org

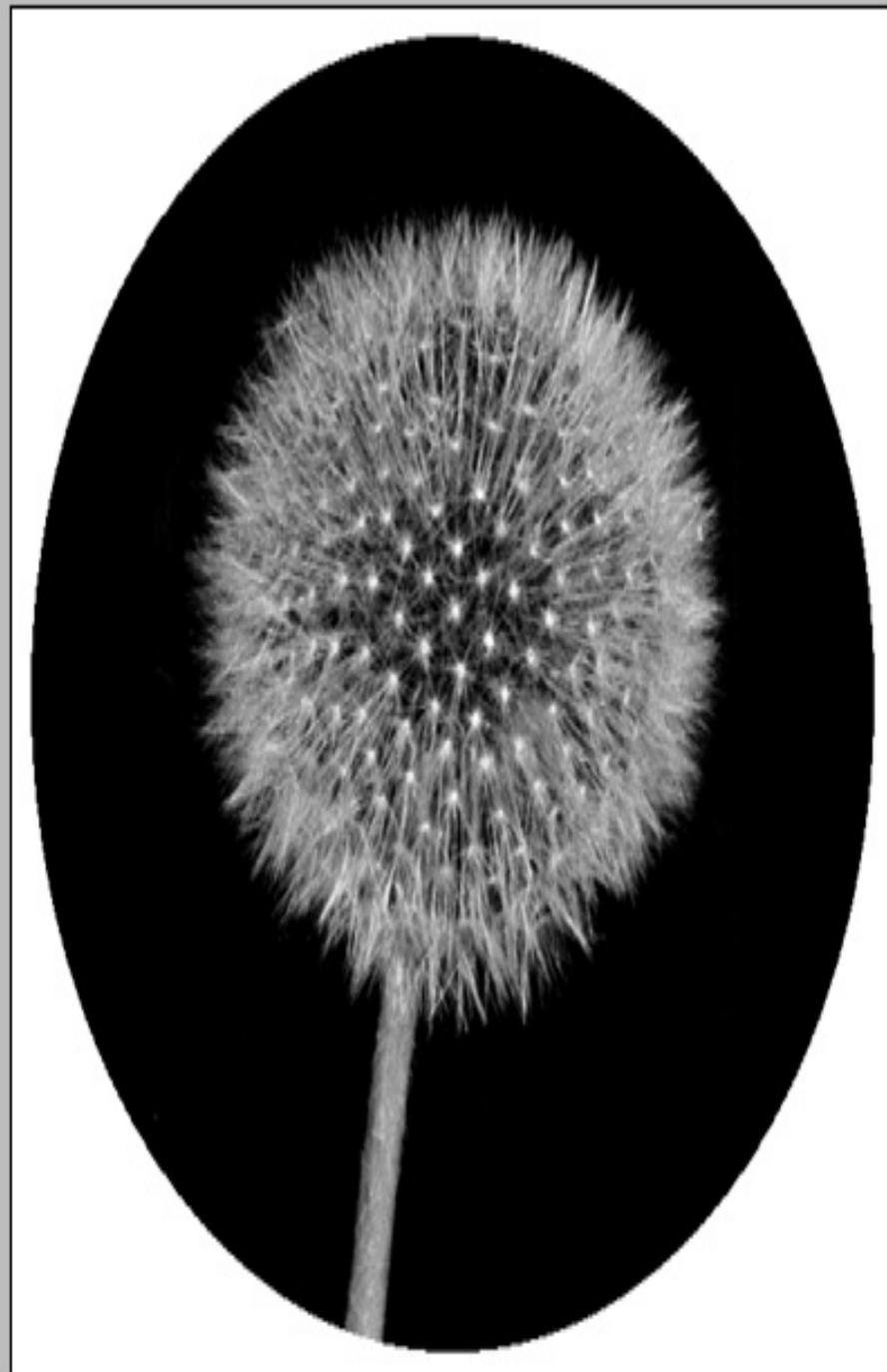
Midwives Alliance of North America

www.birthcenters.org

Find a birth center that is accredited near you

www.ican-online.org

International Cesarean Awareness Network promotes
Vaginal Births After Cesareans!



Introduction

-Have you thought about the kind of birth you want and who would support your vision?

Being pregnant and giving birth can be an amazing time in a woman's life. It can also be a difficult time. Some women develop challenging complications while others may have chosen to give their child up for adoption. Women are also looking to have vaginal births after cesareans. Some women are going it alone while others have a partner and/or supportive friends and family members.

However, this can be a time for women to discover just how powerful and sacred their life and inherent abilities are.

By staying present and connected to your body, you can understand the feelings and signals that are being sent in order to participate in and facilitate your labor. The ability to move about freely and concentrate on breathing should not be interfered with or interrupted in any manner without serious cause.

Finding someone who shares your view of pregnancy and childbirth is very helpful to having the kind of birth you want. Your caregiver should understand how you feel and support your needs. They should always discuss any test, procedure, or preventative measures with you in an open and honest manner before any steps are agreed upon and then taken.

The environment that you choose is very important. The pain associated with the uterus beginning to contract and the cervix opening up let a woman know that it is time to find a comfortable place to dwell. It's also a signal for her to gather supportive, knowledgeable people around to assist in her labor. Being comfortable and familiar with your environment lends to the ability to relax and helps to alleviate fear.



Resources

-Are you looking for some encouraging sources about childbirth?



Books:

Gentle Birth Choices by Barbara Harper, R.N.

Published by Healing Arts Press.

Written specifically for parents, this book explores the many different options available in childbirth. The author offers an engaging political analysis of the issues surrounding birthing in the US using myths and informs readers about choices such as places to birth, possible attendants, and environments

The Birth Book by William Sears, M.D. and Martha Sears, R.N.

Published by Little, Brown, and Company.

This is an excellent source for positive, whole birth stories and learning about and forming your own birth plan. They also include a historical chapter, talk about different approaches to labor and birth, and offer many pain-coping techniques.

Natural Childbirth the Bradley Way by Susan McCutcheon-Rosegg with Peter Rosegg. Published by E.P. Dutton

This book teaches the Bradley Method as a way to cope with pain and to remain assertive about your birth vision. The emphasis on the "coach" may not work for everyone but the coverage of the stages of labor, the many position/breathing options -along with illustrations, and the on-going discussion about fear continue to make this source very valuable.

Birth in Four Cultures by Brigitte Jordan. Published by Waveland Press, Inc.

This book comes from an anthropological perspective in which a cross-cultural investigation is used to analyze birthing. The author uses ethnographic comparisons from Sweden, Holland, Yucatan, and the US. It is a wonderful reminder of how others are "doing it" and doing it well.



Birth Plans

-Have you heard about writing a birth plan?

Writing a birth plan is an excellent way of figuring out what kind of care you want in labor. In looking at sample plans, questions might arise in your mind that you'll be curious to answer. Such as, "What is Pitocin, when would it be used, and what are the pros and cons of usage?" It is also a tool for negotiation and provides evidence that a woman is both knowledgeable and willing and able to take responsibility for her choices.

- ❖ The book *Gentle Birth Choices* has a wonderful sample plan located in the back of the book on page 231
- ❖ There is also a short chapter (13) written about birth plans in *The Birth Book*, along with a sample.
- ❖ Childbirth Teachers or Doulas will often times help you write a plan.

One of the warnings about creating a birth "plan" is that you must remain flexible. The power to birth is not something that you want to hand over to someone else to manage, submitting to his or her vision and needs. Nor is it something we control. Rather, we surrender to the process and the plan acts as a reminder to ourselves and others of our optimum desires.

You'll want to spend time thinking through your wants and needs and stating them clearly. Include things such as who you want in the room, whether you'll play music or have the lights turned down, and what kind of monitoring you desire. Also, remember to stay positive and invite caregivers and staff to share in your vision.



Managing Pain

-Did you know that un-medicated births are the safest way to go for both you and your baby, and that there are many effective ways of managing pain?

Any drug you take can and does affect your baby!

Try any or all of these:

Breathe deeply, laugh, cry, dance, soak in the tub, moan, walk, press a hand to the small of your back, kneel on all fours, lay on your side, turn off the lights, put some music on, concentrate on another time and place, confront the pain head on - "This hurts!" ride the pain like a surfer rides a wave, use hot or cold packs, rock, pull, squat, sit on the toilet, massage the abdomen, talk to your baby, touch, sit on a birth ball, smell a favorite scent, hear a meaningful quote, see your labor progressing, eat a snack, drink some juice or water, urinate, think of all the women who have birthed so well before you, ask for support, kick some people out of your crowded room, have someone tell you the contraction is almost over and won't get any stronger, thank your uterus for doing such a great job, picture your cervix opening up like a rose bud, form your mouth into an "O" shape and vocalize, move, love, open up.

Remember that your uterus is working hard to get your baby out –don't fight it! Embrace it - respect it.

Know that you'll find your way through it.



Caregivers

-Do you know which caregivers are accessible to you in your area?

There are several different kinds of people who offer prenatal care:

- ❖ The obstetrician (or Ob/Gyn)
- ❖ The family doctor (or M.D.)
- ❖ The Certified Nurse-Midwife (C.N.M.)
- ❖ The Lay or Licensed Midwife (L.M. or C.P.M.)

There are also certified labor assistants - commonly known as “**doulas**” -who can be very supportive and knowledgeable about labor. They often help you create a personalized birth plan and will stay with you throughout labor, attending to your physical (but non-medical) and emotional needs. Their rates vary from \$200 to \$500 dollars but can be well worth the investment.

Each of these people have different skills, approach and view pregnancy and labor differently, may or may not be available in your area, and may or may not be covered by your medical insurance (provided you have coverage. In California look up the program AIM if you need help with prenatal costs).

They also practice in different places.

Almost all doctors deliver in hospitals, with a few exceptions who might be associated with an independent birth center where they work with midwives, usually CNMs.

Certified Nurse-Midwives attend women in hospitals (practicing under physicians), birth centers, and also attend homebirths.

Lay or Licensed Midwives mostly practice from home-offices or birth centers and attend births in centers or in their client’s homes.



Birth Places

-Did you know that people birth safely at home and in free-standing birth centers?

Although the majority of US women birth in hospitals, women in developed countries with lower infant mortality rates birth at home attended by midwives –even women giving birth after a cesarean! In most states, homebirth is legal and midwives can be found who will attend you. They offer prenatal care, will assist your birth in your own home, provide initial infant evaluation and care, and several visits after birth to access your health and support you if you desire to breastfeed. Women who want to honor this sacred event in their own spiritual ways also choose homebirths.



Some women also choose to give birth in birth centers. Independent centers are usually run by midwives and offer a variety of support including childbirth classes, parenting groups, resources, and help with breastfeeding. Many times the birth rooms will contain large tubs in which women can labor and even gently birth their babies in. There are no limits as to who can be with a woman in labor and preparatory interventions such as IV’s, monitoring belts, and being kept from eating simply are not done.

