Door Opens
by
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This is a portion the Cleo, Erica and Nathan Young's birth story. Cleo was born via Cesarean Section. This is the portion of their story that has to do with Chemical Interventions. It will give you an idea of one family's experience who wished to birth at home and had to transport to the hospital. You will also get a feeling for the deep anguish this family experienced as they attempted to communicate with the hospital staff. I had the privilege to be part of their support team at the hospital. It is written from my recollections of Cleo's labor and from follow up sessions Dr. Wendy McCarty and I did with them in the BEBA project. Cleo and family are now graduates of the BEBA program.

The names of the Doctors. and hospital staff have been changed.

We enter their story in the hospital as the obstetrician and nurse prep Erica for a fetal pressure monitor and pitosin IV drip.

The door opens. Dr. Blanchard and Carol enter. Mom is stoically resigned to accept the fetal pressure monitor (fpm) and pitocin drip. The doctor prepares to insert the fpm. "Yes, you're still 4 centimeters dialated," indicating the absence of progress. "Now, I'm just going to slide this in next to the side of your baby's head." Mom holds her husband's hand and stares at the ceiling. Dr. Blanchard completes his task and exits while Carol initiates a slow pitocin drip.

"You know, we're trying to do the best we can with you. We really want to make sure your baby's safe," Carol attempted

"We all want to insure the baby's safety." I offered. "We all have that in common. It seems that we have a bit of a pacing difficulty. You folks are just about 5 minutes ahead of us. All we need is some time to process in order to arrive at the next step." I then suggested that if she would just pause a moment before she opened the door to enter the birthing room she could begin to pace herself with our efforts.

At that Carol let her own stress down. "I need to let you all know that we are understaffed today. There is not an empty room on the floor. Every minute we have to explain something to you keeps us from being with someone else who needs us."

"Well," I said, "perhaps if you were able to go the pace we're going in here it would take you less time. We really do want to support this baby to be born safely."

Something in Carol shifted just then. She seemed to calm, soften and imbibe my suggestion. From that moment, every time Carol came through that door she was moving as part of the team we had established with the labor.

The next few hours were occupied with supporting Mom through contractions, making sure that the electronic monitoring was producing a continuous strip or readout.

As the pitocin began to take effect, Mom reported she didn't like the sensation of the contractions. They felt foreign to her, induced apart from her body. Nonetheless, Carol had no choice but to increase the pitocin to support the contractions to strengthen. The presence of the fetal monitor attracted our attention like a television set on in a room. We would pull our attention away from it, only to be drawn back by the amplified sound of the baby's heartbeat. The fetal monitor would not allow us to leave it completely. With each contraction, we would focus on Mom, I held my attention with baby, and my ear stayed with the sound of baby's heartbeat. We would hear it begin to labor as the strength of the contraction would increase and diminish as the contraction

decreased. The good news was that baby's heartbeat stayed strong throughout. About two-three hours passed in this manner. Carol made regular checks.

The door opened. Dr. Blanchard entered, said, "Hello", examined the strip and announced that he wanted to check Mom again. The vaginal exam revealed that Mom had not progressed. Dr. Blanchard explained the need to do an ultrasound to see if we could discover why.

"But we've been so good. I don't understand." Mom's eyes are glazed. She seemed to try to bolster herself up, but she looked sad, defeated and afraid. Dr. Blanchard quietly said, "Well, let's see what the ultrasound looks like. We'll get the equipment and see what we need to do". As he left the room he instructed Carol to set the ultrasound equipment up. He would return in ten minutes. The door closed behind him.

As Dr. Blanchard turns on the ultrasound monitor, Dad says, "We don't want to know what sex our baby is ahead of time. Dr. Blanchard counters with, "Don't you want to see your baby?" Mom returns, "Not until our baby's born." She continues to instruct him to not give any information about the baby except for what will help them make the next decision.

Dr. Blanchard draws the ultrasound head over Mom's abdomen, "Looks like your baby is in there tight. Just a second. We'll check the fluid." After a pause, he adds, "Doesn't look like there is a lot of fluid there." Another pause. He turns the machine off, looking up into Mom's eyes. "Your baby's not making enough progress. The heartbeat is strong, but you've been so long at four centimeters that I must recommend - pause - that we prep you for - pause - a cesarean section."

Mom retorts, "That's it? ! Just like that? I'm not ready to give up yet! We just started to get the hang of this thing."

Dr. Blanchard stiffens his back and with widened eyes retorts, "Are you questioning my six years of experience with this?"

Mom, from the depths of her being, with full voice says, "NO! ALL I'M SAYING IS I'M NOT READY TO GIVE UP YET. I should be able to birth MY BABY!"

Dr. Blanchard responds, "I would like for you to be able to birth your baby the way you want to. I just don't see it happening. You've been at four centimeters for at least six hours now."

Mom looks at him deploring, and says, "I just need some time. Please just give me some more time."

"OK," the doctor says. "I'll be back in about 20 minutes. Your baby's heartbeat is strong, but we need to see some changes soon." He turns and walks out. The door shuts behind him, this time with the midwife and myself at his heels.

In the hallway I look at Dr. Blanchard, thank him for his patience and say, "Dr. Blanchard, please remember that she has to say No, before she can say Yes." He looks at me blankly, saying, "What?" I repeat, "If you remember, she's gone along with everything you have suggested, but she must object first. If you can remember that, it will be easier to communicate with her. You won't have to be so defensive." The doctor puzzles as he says, "Oh, yeah, thanks." I respond, "I'll see you later," and with a smile, turn and walk back into the room.

The next twenty minutes are filled with soul searching, crying and surrenduring. Mom and Dad really have to let go of bringing their child into the world the way they had dreamed. They look at each other, join foreheads, put their arms around each other and weep.

"I don't want to let you down," Mom says to her husband. She looks at her full abdomen, "I don't want to let you down. I want you to be safe. I am so afraid." Dad says, "It's alright. We've done everything we can. I love you." In these moments, the atmosphere in the room becomes

sacred. We all seem to bathe in the quiet silence that followed. The young couple gently turn their attention to the members of their support team. Mom queries, “How do the rest of you feel about this?”

Dad’s mom, Grandmother to be, rock solid calm sure in herself responds, “God knows how hard you have worked. I must say, if it was me at this point, I would choose a cesarean birth.” Both the midwife and I concurred.

Mom and Dad look back towards each other. Mom says, “Looks like we have to have a cesarean section.” Dad nods, “OK. What do we have to do to take the next steps?”

The sound of the door opening rolls into the room, with Dr. Blanchard and Carol following.

Mom immediately asserts, “It’s not our choice to do it this way. Seems there’s not any other way. What do we need to do?”

Dr. Blanchard appears surprised and relieved at their readiness, “First, you have to sign the release forms. We’ll bring the anesthesiologist in to meet you. Then we’ll take you to the delivery room where you will be prepped and your baby will be born.”

With a sense of accomplishment, Dr. Blanchard instructs Carol to discontinue the pitocin drip and exits. Carol complied and then spent the next several minutes explaining forms and obtaining signatures, reminiscent of those times, if you have purchased a home, you spent at the title company signing and countersigning form after form.

The next time the door opened, a slight, mild mannered, bearded gentleman appeared. “Uh, hi. My name is Dr. Bell. I’m your anesthesiologist.

In his quiet, detached way Dr. Bell states, “We will do everything we can to make sure that you are as comfortable as possible. Given the circumstances here I am recommending that we do a spinal procedure.” The midwife and I glance at each other. “Given the number of hours you have been laboring, the most practical solution here is to do a spinal,” he repeats.

Both the midwife and I knew that, from the point of view of risk to mother and baby, the epidural procedure was preferred over a spinal. From the anesthesiologist’s perspective, the epidural typically requires more time to administer and take effect. The spinal is preferred when it’s perceived that the baby is at risk and there needs to be an emergency cesarean delivery . This case was clearly in the middle. The baby did not appear to be at risk, yet a vaginal birth seemed impossible. To accomplish a spinal, however, the mom must be able to flex her body at the waist so as to open the back of her lumbar spine to enable the needle to be inserted between the vertebral segments into the subdural space between the spinal cord and the dural matter (the covering around the spinal cord). An epidural, on the other hand, does not penetrate the dura. It does not violate the central nervous system.

“What about the possibility of doing an epidural?” I venture.

Dr. Bell turns in my direction and continues in his monotone voice, “It takes longer for the epidural to take effect. In the long run the spinal is just as safe, and simpler to perform. I think we would be better with a spinal.”

The midwife and I glance at each other again, remaining quiet. Our intention is to support the birthing familiy’s confidence in their birthing team.

Mom asks, “What will I feel?”

Dr. Bell states, “First we give you a local anesthetic in your back. Then after we give you the spinal your abdomen, pelvis and legs will become numb, but you’ll remain fully conscious so you can bond with your baby.”

What Dr. Bell doesn’t know to tell her is that because she will not have feeling from her abdomen down, her baby will later in life have difficulty grounding her energy into her legs. This is a finding that Emerson, Sills and Castellino have consistently seen in their clinical work with adults, children and babies who have been born with the assistance of epidural and spinal anesthesia.[i]

Mom says, as she glances at her husband, “Oh, good, because bonding with our baby is really important.” She then signs the release forms which outlines her preferences and relinquishes to Dr. Bell the power to make choices if, for some reason, the spinal doesn’t work.

Dr. Bell efforts his pleasing smile. “Good then. I’ll be seeing you in a little bit,” he says and exits the room.

The next period of time is devoted to transitioning from the labor room to the operation theatre specifically designed for cesarean deliveries. Carol, whose warmth and presence became more apparent as the day progresses offers, “I’m supposed to finish my shift at six pm tonight, but I’ve arranged the rest of my day so I can be there with you and help maintain the continuity of your support. I felt my eyes tear as I heard her words.

Mom looked at her, smiled and relaxed. “Thank you,” she said.

Carol and the midwife help to orchestrate the necessary transition from labor to delivery room. We have a poignant discussion about who is allowed in the delivery room. Only two people would be allowed. The midwife asks Mom who she wants to support her. She said, “Obviously I want Nathan (Dad) there.”

I say, It’s essential that Dad is there!” He and I smile at each other, acknowledging the growing bond that connects us. A rare opportunity for one man, a father who has grown children to support another man, about to became a new father. “It’s good that Carol is going to be there because she is really an active part of the team.

The midwife looks at me and asks, “Have you ever seen a cesarean section?” I said, “Many videos, but never in person.” She continues, “Do you want to be there now?”

I smile with appreciation and answer, “Of course. I’d love to be there but the question now is who is the most appropriate person to support Erica, the baby and Nathan. Depending upon how Erica and Nathan feel, I would think that you would be the logical choice to support them.”

Erica responds, “That seems right. Wait, let me just think a minute. Yes, that seems right.” Looking at her midwife, “Yes, you should be there.” She glances at me to see if my feelings are hurt.

I feel my face warm into an open smile and say sincerely, “You deserve to choose the support you need for yourself.”

Not until later were we informed that neither Dad nor the midwife were allowed to be present during the administration of the spinal. That decision was dictated by the anesthesiologist. I was concerned because that meant someone was expecting difficulty and Erica and baby would be separated from her primary support team. With the exception of Carol, Erica would have to go that part alone.

Carol and the midwife then answer a series of questions which inform us as to what to expect, how long the process should take, where we can be, what happens after the baby’s born and how we can transfer all the personal paraphenalia from labor and delivery to the maternity ward.

Erica takes one more trip to the bathroom, brushing her teeth and combing her hair, making ready for the birth of her baby.

The door opens. In rolls a wheelchair followed by a male orderly. “Here’s your transportation down the hall,” he says with a friendly grin.

Erica looks around the room, then to Nathan. “Well, this is it.” As Erica and Nathan embrace and kiss, Carol offers, “In a little while you’ll have your baby.” With ceremonial purpose Erica steps down off the hospital bed and arranges herself in the wheelchair. Erica, holding Nathan’s hand, Carol and the orderly pass out of that room.

We follow the procession down the hall to a set of double doors with frosted wire reinforced glass windows, red sign, “NO UNAUTHORIZED PERSONNEL BEYOND THIS POINT.” As they approach the door, the orderly takes aim with the fist of his right hand and targets the round automatic door opener. Pssssshhhh.....The right door opens into a small scrub room, in opposition the left door opens into the hall. Erica turns, wide-eyed to Nathan who stops, outstretching his arm and hand. Erica, Carol and the orderly proceed into the scrub room. Carol turns in the wheelchair, arm outstretched. Their hands part, suspended in air as she is delivered into the operating theatre, the doors closing behind them.

Nathan and the midwife are allowed beyond the first set of doors to scrub and attire themselves in hospital greens. Grandma and I station ourselves by the double set of doors to wait and offer up our heartfelt love and support to baby, Mom and Dad.

During the spinal procedure, Grandma, I, midwife and Nathan wait in the hallway. We feel the tension increase from beyond the doors. Pssssshhhh.....The door opens. Dr. Blanchard emerges. He informs us with quiet alarm, “The spinal is taking longer than we anticipated. The space between her lumbar vertebrae is tight. I’ll keep you posted as to our progress.” As he walks back into the operating room I keep the first set of doors open so we can get a quick glimpse of Erica. Even with the doors closed we can hear her yell in pain.

In a therapy session three months later, Erica related to us the story of those long 35-40 minutes. By then Cleo was three months old. The family had done one previous session where they addressed their issues about the administration of the spinal anesthesia. Now Erica has mid to low back pain in the same place where the needle was inserted. She told us her low back was so tight that in order to get her spinal column open wide enough for the needle, she had to sit up, straddle the table with both legs, bend forward, compress her full, laboring belly and get her head down as far as possible. “They treated me like a piece of meat.” She continued, “At one point they even pushed my head down between my knees, which, given my short body is hard to imagine. The only way I could do this was knowing if they didn’t get that damn needle in then, we were doomed for general anesthesia. If I had a ‘general’ I believed that I would die. So I buckled under and just did it, the hardest thing I ever had to do in my life.” Mom and Cleo spontaneously expressed angry tears. Cleo, squinting eyes, makes angry sqwaks. I advocate, “It’s never alright for one person to talk about another person as if they were a piece of meat.”

As I watch Erica hold Cleo, her head bending down, eyes connecting with her daughter in her arms, I see her whole posture from the side fold into a C curve. “Oh, I get it”, I say, “I see what’s happening.” I’m thinking that Erica is recapitulating the position she had to assume during the spinal anesthesia. This new mom, three months into her motherhood, is feeling intense pain in her spine while she is trying to nurse and hold her baby. The pain is enough to interrupt her relaxation impeding their bonding, and focus so that she and Cleo can find that quiet ease and nurse. I wonder how many mothers stop nursing because their backs hurt and they don’t know why. Until this session Erica did not even relalize that her present low back pain was related to having had the spinal anesthesia. Right there before me, Erica is trying to manage her pain I see Cleo latching on to mom’s breast, her eyes beginning to widen, as she attempts to manage the underlying terror they both feel. Dr. McCarty softly reminds them, “You’ve already made it past that hard place.”

Erica and Cleo hold their bonding gaze, their bodies beginning to relax. Dr. McCarty and I focus on slowing the pace as the relaxation settles into their bodies. Both Mom and baby are fully oriented as Erica says, “I want to talk about this but it is kind of upseting. I thought they were going to do something wrong. It seemed like they could have hurt me really bad. And, they could have hurt Cleo. I felt like I was in a torcher chamber. And if we were going to be safer, I didn’t know if I should try and get away.”

Dr. McCarty suggests with her soft reasuring voice, “You couldn’t orient. Your feelings were so strong because you couldn’t get oriented.

“No, because there were two people that were pushing. One person was shoving my head down below my knees and the other person saying, ‘Don’t move! Don’t move!’ And, I was having contractions.” She smiles at the irony of her predicament as tears gently form at the sides of her eyes. “They were refering to me as, ‘her’ in the third person. Saying, ‘Her back is really curved. I just need a little bit more. Put your head down just a little bit.’ I couldn’t bend futher any more, because there was a big baby in my belly.” Cleo’s gaze with mom eyes remains steady and constant. Mom softly crys saying directly to Cleo, “I was very disoriented then. And nobody that I knew was in the room.”

Cleo disingages from the breast pushes with her legs, arches her back and makes protesting sounds. Cleo begins to disorient.

Erica says, “It was just you and me Cleo.”

I verbally advocate for Cleo, “I was there too mom.”

Erica acknowledges Cleo’s presence with her strengthened voice, “Yah, you were there.”

Cleo reattaches to the breast and reestablishes eye contact with Erica.

I say, “You weren’t all by yourself.”

Erica continues directly to Cleo, “I know and I didn’t feel all by myself. I didn’t feel all by myself. We were both going through it. I couldn’t protect my baby the way I wanted to at that momement. It was like two leaves in a big torrent of water, or something. I knew she was bad and I just had to hold on to the fact that she had to come out.”

Just as she says those words, I simultaineously feel the calm, centering relaxation wave pass through both Erica’s and Cleo’s bodies. A quiet moment follows as they both mother and baby take deep relaxing reasuring breaths. These breaths were not the kind that we conscously take to try to mannage a difficult situation. They were the kind of breaths that just take themselves, full deep easy spontaineous breaths.

Cleo closes then opens her eyes and squeeks a sound that resembles the word, “Hi.” Erica looks at Cleo and returns her greeting, “Hi,” she says.

The two of them settle into a deep quiet. Cleo closes her eyes, nurcing. Erica lifts her eyes to Nathen. Mom and Dad look at eachother.

Cleo begins to agitate pushing with legs, arching back.

I offer, “We were standing in the hall way. I knew what was happening. Every ounce of me knew that it was wrong that Nathan wasn’t there.

Erica still looking at Nathan, “When you came in all I could see was your eyes.

Nathan wispers to them, “I was so happy to be there.”

Cleo agitates, breathing quickening, detaches from the breast exclaims, “Hi.” She grunts strong grunts, “Uh. Uh.” Kicks and crys a hard angry cry. Mom, Dad, Dr. Mc Carty and I all respond with a unison empathic, “Ah.”

Hearing Erica yell, extending my empathy, especially to the baby, I close my eyes, settle into my body and wait for what appears in my mind’s eye. I see a door opening. The sound, “Pssshhhh!..... Pssshhhh!..... Pssshhhh!.....” penetrates the image. My hand had found its way to that door opener. I needed to do something. Three times I opened that door.

Pssshhhh..... This time Dr. Blanchard erupts from the operating room smiling. “We got it!” he exclaimed. Taking a breath he composes himself. To Nathan and the midwife he says, “You can come in now.”

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[1] ANESTHESIA STUDY FROM SWEDEN