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CD 10G
Pregnancy and Birth Interview
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Their pregnancy was planned. They took folic acid prenatal vitamins in preparation for pregnancy to lower the chances of spina bifida. They did not wait very long to confirm the pregnancy using a urine test. Since the pregnancy was expected, the test results came before any physical or emotional symptoms arose. They got all the standard prenatal care practiced in the year 2001, including ultrasounds, blood work, and a diabetes screening. They initially reached out to a midwife, but they were intensely against anti-nausea medication, so they moved to see an obstetrician. They went to the doctor for the first time around the 6 week mark. They educated themselves on pregnancy and their mother worked as a planned parenthood nurse, so there was no shortage of advice received. Everyone in their family was super excited to hear the news of their pregnancy. They received the standard special treatment that pregnant mothers in the silicon valley get. They had the full support of their husband, both emotionally and financially.

The biggest change they experienced was the need to quit the job they had just taken as a teacher. They experienced severe nausea, vomiting, and heartburn which they didn't expect. Their mental health was good other than the toll taken by the vomiting. They took a class on labor given by their healthcare provider, which included a tour of the maternity ward. They did not have a doula due to the knowledgeable support of her friends and family. Labor was induced, so the first signs of it were contractions they experienced while already in the hospital. The first stage of labor lasted around four hours. They got an epidural and delivered the baby vaginally. The only non-medical people present were their husband and mother. Their baby

experienced a slight heart deceleration, but other than that there were no complications during birth. Other than having a shorter than average umbilical cord, the baby was completely healthy. Since no complications arose, there were no special tests or treatment administered to them or their baby. They were super excited, but incredibly tired after the delivery. Their husband cut the umbilical cord. They felt competent to cope with motherhood. The lack of sleep they got was incredibly taxing until around the 6 week mark, where the crying subsided a decent amount. They did not experience postpartum depression with this birth, but did with their second child, which manifested as a mental inability to do anything except care for their children.

The textbook makes mention of prepared childbirth, saying that it “refers to being not only in good physical condition to help provide a healthy environment for the baby to develop, but also helping individuals to prepare to accept their new roles as parents” (71). The interviewed mother’s account describes how they took prenatal vitamins to ensure that they were in good physical condition to be pregnant. They also mentioned taking classes and reaching out to personal resources to ensure they were ready to be parents. The textbook also talks about housewives and their role in home birth, noting that “More than half (67%) of home deliveries are by certified nurse midwives... However, because of the potential for a complication during the birth process, most medical professionals recommend that delivery take place in a hospital.” (73). I think this quote relates to why the interviewed mother switched to an obstetrician. The midwife’s resistance to modern medicine may have reflected deeper philosophical differences regarding medical interventions. The interviewed mother also spoke about getting an epidural. The textbook mentioned how “More than 50% of women giving birth

at hospitals use an epidural anesthesia during delivery (American Pregnancy Association, 2015).

An epidural block is a regional analgesic that can be used during labor and alleviates most pain in the lower body without slowing labor. The epidural block can be used throughout labor and has little to no effect on the baby.” (76). At multiple points in the interview, the interviewed mother mentioned how important the epidural was to making the experience less painful, despite how unpleasant the process was.

I learned a lot about the experience of pregnancy from the mother’s point of view rather than a doctor’s or researcher’s as is often taught. I learned that even well planned pregnancies can include unexpected hiccups, such as needing to change care providers due to philosophical differences. I think that highlights just how much mental resilience is needed, even when things go almost perfectly. I also saw how crucial emotional and informational support is not just from one’s partner(s), but also from family. The saying “it takes a village” really rings true.

I think the most helpful thing I learned was that spina bifta is a risk during pregnancy and certain vitamins can minimize the risk of it occurring. I think that increasing awareness of this potential complication is essential to minimizing it’s effects. Another helpful thing I learned is how modern medicine can be used to give mothers and their medical teams more control over when they have a baby and when it’s delivered. It has highlighted the importance of people’s right to choose what they do with their bodies as well as the importance of affordable, quality medial care.