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# Envisioning Outcomes from Choosing the Midwifery Model of Perinatal Care

Casey Goldberg

## ABSTRACT

This birth story illustrates one woman's view of the importance of the type of birthing care she received and the involvement of her existing child in a second birth. The value of the mother's vision and her ability to participate in fully informed choices are emphasized.

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## EDITOR'S OVERVIEW

Facts and evidence may help one reach for a goal, but one must first envision the goal. A mission of Lamaze International and *The Journal of Perinatal Education* is clear: advancing normal birth.<sup>1</sup> Toward that effort, authors who publish in this journal have worked for many years to provide facts for an evidence-based practice of perinatal education that advances normal birth. However, evidence alone does not motivate consumers and professionals who cannot envision a normal birth or its consequences.

Many women, families, and care providers cannot imagine why a low- or nonmedicated birth might be desirable. They equate birth with suffering and natural birth with increased suffering. They may not have heard from women who, though having experienced pain in giving birth, reportedly got

in touch with their inner strength and family connectedness through the process of giving birth in a way that changed their lives. While every woman may not choose normal birth, those who make choices about their birth should be able to envision what is possible. To that end, *The Journal of Perinatal Education* will publish selected birth stories. The reader is encouraged to copy and distribute these stories to expectant parents while giving credit for their source. The following submission is our first story.

## CASEY'S STORY

The first time around with birthing, I knew what I wanted: a normal birth. My husband and I did everything in our power, attended an intense childbirth education class, connected with other like-minded families, and learned everything we could about possible medical interventions and what we could do to avoid needing them. However, after an induced labor, 42 hours, and frequent disagreement with care providers, we were given

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<sup>1</sup> See the Volume 13, Number 2 issue of *The Journal of Perinatal Education* for a complete presentation of Lamaze International's six care practices that promote normal birth.

an ultimatum: epidural or c-section. We opted for the epidural. The birth ended with our daughter, Emma, being delivered in a setting that, to me, felt sterile and impersonal.

In spite of the joy of my baby, I was left feeling disconnected and as though something had been taken from me. This next time, it was going to be different. . .

Following the birth of my first daughter, I continued seeing the obstetrician that had “delivered” her and provided care for me for four years. Excited when the next pregnancy surprised us, I scheduled an appointment. I couldn’t wait. I’d be about 8 weeks along. However, I left the appointment in a hysterical state. Although my appointment had been standard medical care, it felt routine and impersonal and it brought back the disappointments of my first birthing experience. I felt more like a number at a deli counter than a woman expecting a baby. I knew I couldn’t go back. I knew this baby couldn’t be born in the same environment that still felt hostile to me.

I scheduled an appointment with a midwife at a local birth center. It was amazing. For an hour and a half, this woman listened to me—my concerns, my fears—and she really cared. I knew then that this was the environment in which I would birth my baby. It would take some convincing for my husband who felt as though, after 30-

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plus years, I was telling him we would now drive our car in the left-hand lane. Don’t get me wrong—he believes strongly in natural childbirth, but he also felt strongly that babies should be born in a hospital with a doctor, just in case. Needless to say, he came around.

My due date arrived and I felt great. Monday morning, I had planned to go to the office to work, but decided the hour-plus commute might not be such a good idea. I knew this baby would be coming soon. Later that night, my water broke. I called the midwife to let her know. When we decided to go to the birth center to see what, if anything, was happening, I was only about 3 centimeters dilated, so they sent me home to continue laboring. My family and friends arrived to offer support.

Eventually, my contractions came on hard and strong, lasting about a minute with only a minute between each. The pain was excruciating—but it wasn’t the contractions, it was my lower back that hurt. My husband called the midwife to let her know. She suggested that we meet her at the birth center. I didn’t feel like it was time, but my husband was adamant that I at least move downstairs because we’d be leaving soon. Apparently, I cried out, “I can’t do this!” It was time to go.

We arrived at the birth center around 7:30 p.m. The midwife determined I was only about 4 to 5 centimeters dilated. I shuddered to think how much longer this would last. None of my coping strategies were working all that well. I tried the Jacuzzi, I tried the birthing ball, we tried counter pressure on my back, and still nothing helped. By this time, it was about 8:45 p.m. My midwife was certain that the baby was sunny-side up, or posterior. She suggested a rather odd position, but I was willing to try anything. I got on the bed on my hands and knees. The midwife placed a stool at the side of the bed (it was situated slightly lower than the bed) and told me to put my elbows on the stool. It probably looked a little funny, but who cared? Within about two minutes, I felt a pop and an immense amount of relief. The pressure on my back was gone. After that, the baby came too quickly to even consider a water birth.



Figure Emma and Arianna, two days after “Ari’s” birth.

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Arianna Sage was welcomed into the world at 9:26 p.m. in an amazingly supportive environment by two wonderful midwives, her father, her adoring big sister, her grandmother, and her godmother. I can't explain, nor will I ever forget, how I felt at the moment she was placed on my belly. It was truly an ecstatic experience, a feeling that has stayed with me.

Remember, I said I felt something was missing from my first daughter's birth. I now know what it was. Although I'll never be able to redo that experience, I at least know that Emma has seen a normal birth and how it is supposed to be. I think the best thing about Ari's birth was sharing it with my first daughter. At 4 years old, Emma really understood what was happening and was so excited to greet her new baby sister. Even my husband said, "The best thing about this whole experience was witnessing birth through the eyes of a child."

I know I made the right decision for me in choosing a midwifery practice where I felt as though everyone I encountered truly cared about my family and me and wanted to help us to have the birth we wanted. I love both of my children dearly, but the bond I share with this new baby is far different from that which I felt when my first daughter was an infant. That said, having shared this birth with Emma, we've created a much stronger bond and much deeper love between us. As a family, we're stronger and we're more deeply connected. I truly believe it is because of the way we decided to welcome Ari into the world: as a family.

## EDITOR'S CONCLUSION

Casey's story brings out the comfort she felt in receiving a midwifery model of care. The provision of a midwifery model of care, which is generally high touch and low tech, is most often practiced by midwives. It is also practiced by some physicians, though not by 100% of midwives or by all obstetric nurses. A pregnant woman seeking care with the goal of normal birth has to know the reputation of the individual players and institutions of care, not just their professional preparation or degrees.

Casey's story also brings out the family orientation for her birth that was readily available in the birth center she chose. Sharing her birth with her family—especially with her daughter—clearly had deep meaning and consequences for her. This family centeredness is also possible in some hospital settings and in home births. However, not all women want to share their experience with their children or with a crowd of people. Not every situation or family constellation lends itself well to that choice. Yet, women should have that choice, just as they should be able to choose pharmaceutical versus nonpharmaceutical pain relief during labor.

Lamaze International's goal for women is not merely about choice; rather, it is about *fully informed* choices including the long-term consequences of those choices.<sup>2</sup> As childbirth educators, our job is to help women envision what is possible, arm them with coping skills, and then trust them to make the decisions that are best for them. But first we must provide the vision.

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CASEY GOLDBERG is the mother of two beautiful little girls, Emma and Ari. She is also Director of Programs at Lamaze International.

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<sup>2</sup> For a list of 10 questions to ask a prospective maternity-care provider, contact the Coalition for Improving Maternity Services (CIMS National Office, P.O. Box 2346, Ponte Vedra Beach, FL 32004; phone 888-282-CIMS) or log on to their Web site ([www.motherfriendly.org/resources/10Q/](http://www.motherfriendly.org/resources/10Q/)).

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