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ISABELLA'S GREAT START

By Anita Obermeier, United States

In 1999, my newborn daughter, Isabella, became one of a small statistic: She was among 9,000 American babies born in a labor pool, a Jacuzzi-like swimming pool which eases birth for both mother and child as the infant transfers from the body-temperature water of the amniotic sac to the pool's body-temperature water. Even fewer of these births shared Isabella's entry into the world at home with a midwife. My delivery, highly unconventional by American standards, was the most empowering female and feminist experience of my life. I have never been so sure of my abilities in any other situation.

I decided to have this kind of delivery soon after becoming pregnant when I was catapulted into the overly medicalized, sterile, and assembly-line treatment in a Health Maintenance Organization (HMO) environment. Here, the insurer's financial interests dictate much of the care. Quickly, three major attitudes became clear: One, pregnancy is primarily perceived as an illness or a negative circumstance; two, women, it is implied, neither know their bodies nor are up to the task of birthing a child without a barrage of high-tech interventions. Even much of the physician-centered language people use signals that. For instance, one hears "physicians deliver babies" more often than "women birth babies"; and three, systemic negativity surrounds pregnancy without much celebration of such a life-altering and wonderful event.

Moreover, without fail, every woman I talked to shared with me aspects of her pregnancy and hospital birth that were negative. But then one weekend in January 1999, three unrelated women friends of mine spoke to me about their own home birthing experiences. They unanimously recommended a midwife-assisted home birth.

In the US, such births are very unusual, because women have been made afraid of their bodies and natural functions. After I decided on this delivery, it was often tacitly implied that I was going to harm my unborn child with this choice. But I found statistics showing that planned home deliveries have superior outcomes for mother and child. The US ranks a shockingly high 23rd in infant mortality and morbidity, even though 95 percent of births happen in hospitals and are attended by obstetricians.

Countries with much lower infant mortality numbers in this World Health Organization statistics have more midwife-assisted births. For example, in Holland, midwives attend 70 percent of all births, and 40 percent of births are at home. In my

native Germany, midwives and labor pools are part of the standard hospital environment. A midwife had attended both my own hospital birth in Germany, and my siblings' and more recently my nephew's and nieces' birth, too.

In the US, different tiers of midwives exist, with most of them prohibited from practicing in hospitals. Furthermore, according to the Midwife Alliance of North America (MANA) http://www.mana.org/statechart.html/ direct-entry midwives, those with experience but only some formal training, are legally prohibited from practicing in nine US states. I even read about midwives getting arrested and prosecuted for helping women in Barbara Harper's *Gentle Birth Choices* (Healing Arts Press, 1994).

But immediately the care provided by Mary Henderson, the midwife my husband, David, and I chose on the advice of many, was highly personalized and respectful, in great contrast to what we had experienced in the clinical settings. During our 15 prenatal HMO visits, the providers had greeted him at only three of those visits. With Mary, we felt like human beings: he as half of the equation and I as more than a mere belly.

Even though it was our decision to contract with a midwife, Mary could have turned us down. Midwives, because of their medical status in the US, screen their prospective patients' health carefully and will not contract with women having problem pregnancies or jeopardizing complications. Since I had had a perfect pregnancy up to that point, I was a shoo-in. We much anticipated our appointments with Mary, while dreading the ones with our HMO providers. We kept them both, just in case there was a late complication and to keep the hospital as a backup.

The midwife clinic fostered a certain sense of self-reliance: patients weighed themselves and took their own urine test. During the exams, David was encouraged to listen to the baby's heartbeat and to feel my tummy for the baby's position. I received a highly individualized pelvic exam to determine my exact bone structure, which would help the midwife to position the baby during the birth. No such exam was done at the physician's office. I was also given advice on certain exercises to ensure Isabella's correct birth position and on supplements and herbs to prepare the cervix.

A few weeks before my due date, we picked up the rented labor pool from Mary's office. A labor pool is a collapsible little swimming pool about 1.5 meters (4.8 feet) in diameter and 60-80 cm (24-32 inches) deep. David set it up in the dining room where we could easily get water from the kitchen and where the light had a dimmer switch. A few days before my due date, on the night of a full moon, my water broke at 2:30 a.m. But since I had no other indications that birth was imminent I went back to bed. One of the best things about our home birth was that everything was done calmly without artificial frenzy.

The next morning, I took a walk with a friend and then began picking out music to be played during the delivery. I found a CD called *Following the Moon*, which seemed fitting as the full moon had initiated the birthing process. I even danced before the contractions became too strong. David filled the labor pool, which has a heating element that maintains the water temperature around 40C (104F) but cannot heat it. Lying down made the contractions rather strong and patterned. A previous in-house visit by the midwife had confirmed our location and ensured the correct supplies. All we had needed to get were towels, rags, and a plastic sheet for the bed in case I did not like the water, and baby necessities.

When Mary arrived, I had dilated to four centimeters and was allowed to get into the water. The warm water acts as an antidote to the pain, but the most salient feature is one's weightlessness. So when the contraction hits, one can quickly change position, sitting, kneeling, or hanging over the edge of the pool. It was much more cumbersome with my big belly to go through the contractions outside the water.

After the dilation phase, which took two and a half more hours, Mary told David, who had been busy getting me water with orange-juice cubes, to get his swim trunks on and join me in the water. It was time to push. I was sitting in his lap, and he supported my weight. Mary gave me breathing instructions for each stage of labor and delivery. The pushing phase lasted three hours and was the toughest job I've ever done. Instead of a fetal monitor that hooks into the baby's skull, the midwives used a fetoscope on my abdomen to check for the baby's heartbeat, which never showed distress. A fetal monitor restricts the woman's movement, as the monitor's line hangs out of the vagina and is attached to an apparatus. Midwives are more low-tech and prefer the less intrusive fetoscope. They do, however, also bring an oxygen tank with them, along with a scale, measuring devices, and utensils to cut the umbilical chord.

Throughout the entire delivery, I drank over four liters of alkaline ionized water, which provided me with electrolytes to keep the muscles functioning. In American hospitals, birthing women are not allowed to drink anything except for ice chips and in, some cases, a soda, rather a non-nutritious and dehydrating abomination. Instead, they are hooked up to IVs to provide fluids, further restricting their movement. During my labor and birthing experience, I was in all positions except prone, and was so always mobile and unrestricted.

After six and half hours of labor, while I was sitting in David's lap in the water, by flickering candlelight and soft music—eagerly awaited even by our five watchful cats—Mary eased out our little Isabella Maria onto my belly. Isabella opened her blue eyes within seconds and calmly looked at us. No pained statement marred her face, no cries of discomfort or fear because of strangers and bright florescent lights pierced the magical moment. The first person to hold Isabella after the umbilical chord had been cut was David, who had been ordered out of the tub. After Mary had pulled out the placenta, I climbed out of the pool and the three of us were packed into our own bed. The midwives examined Isabella, cleaned up, and did the laundry.

Our neighbor, Carrie, brought us food, which I savored while phoning my mother in Germany. I did not have painkillers in my system, thus rebounding quickly. Postnatal care was also highly individualized, with 24-hour cell phone access to Mary and several house calls during the first two weeks. We partially attribute the great disposition of our daughter to the gentle way in which she was born.

Although my midwife-assisted water birth cost only a fraction of the hospital birth, my insurance did not cover it. Mary reduced her $1,300 fee to $1,000 for us, as we had already done the major tests; the rental for the labor pool was $150. David and I agree that it was the best money we ever spent and that we would do it again in a heartbeat for our second child.

I'm not suggesting that every woman should abandon obstetrician-assisted hospital births for midwife-assisted home water births, but it was the best choice I could have made, a choice often not discussed in the United States. My experiences and research should also raise some concerns about health care, women's reproductive rights, and birthing options. The decline of midwifery in 19th-century America and the rise of male-dominated obstetrics harbor a systematic bias against women. Considering all this, I'm not so sure we've come a long way, baby.

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