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A Tale of TWO BIRTHS

by Keith Goetzman

When my wife and I were about to have our first baby, we did what most expectant U.S. families do: We went to the hospital.

Being slightly crunchy types, Amy and I had chosen a facility that seemed to promise a more natural birth experience: nurse-midwives on staff, homey decor in the birth rooms, and marketing materials that stressed "family-focused care." We thought this approach would offer both the technology and precision of modern health care and the time-tested powers of mystical medicine women.

Before our baby came screaming into the world, Amy was chided for going into labor on a busy day; given the legal limit of penicillin and, against her wishes, the potentially lethal labor-inducing drug Cytotec; and subjected to the opposite of pain relief when the anesthesiologist struck a nerve while putting an epidural needle into her spine. Twenty hours after we arrived at the hospital, the nurse-midwife on duty appeared and Amy pushed the baby out. The midwife stitched up the damage and went on to the next patient.

Then the nurses discovered a rash on baby Everett's back. A pediatrician

suspected herpes and he was whisked away. We don't have herpes. And Everett didn't, either—a dermatologist later diagnosed a simple yeast infection, a result of the antibiotics the hospital required Amy to have, since she tested positive for group B strep (like some 30 percent of the population).

Everett was eventually cleared of all virus charges, but hospital policy mandated that he stay to receive antiviral drugs until the labs came back. The labs got lost, prolonging our stay to five wasted days. Everett suffered a searing chemical burn when his IV leaked and, at the urging of the hospital lactation consultant, was given enough formula to seriously muck up nursing. We slept for three nights on a creaky fold-out bed in the ICU waiting room, staying near to offer comfort and milk to our precious newborn.

We chose a home birth for our second child.

He arrived on Easter. Kim Garrett and Kathy Ruggles, the certified, licensed midwives we'd gotten to know over several hour-long prenatal visits at Kim's home, dropped their brunches and zipped over to heat towels and boil herbs

in our kitchen. They had some drugs and equipment in their kit, but we didn't need them. Wyatt was born into my hands after a merciful four-hour labor.

We can't call our hospital experience a horror story. Horror stories have much unhappier endings. But we resent having been subjected to such a string of indignities and errors, and sometimes we wonder whether Everett's wariness of strangers, his strong need to cling closely to us, might have its roots in those first traumatic days. We certainly know that's where the scar on his wrist came from.

Just as corporate America has seized on organic food, green products, and alternative healing techniques, big hospitals are coopting the language and imagery of the midwifery model, marketing themselves as kinder, gentler birthplaces—yet many of them fail to live up to their own hype. Meanwhile, independent midwives like Kim and Kathy are thriving, attending more and more births with their personal touch and forcing mainstream medicine to accede to the fact that sometimes, nature might know best. **UR**



The Best Birth for You: A HOW-TO GUIDE

Dare to dream, then assemble a team of caregivers who jibe with your worldview

by Alyssa Ford

Today there are as many ways to have a baby as there are names to give one. Women no longer have to rush into the waiting forceps of a male obstetrician or rely on an herbal, unlicensed midwife. Freestanding birthing centers, certified nurse-midwives, doulas, and widespread acceptance of natural birthing techniques have allowed more women to get creative with how they bring babies into the world, without compromising safety.

"If you told me you really want to give birth with a cross-dressing midwife in a freestanding birthing center with a commune attached to it, I could probably find that for you," says Lisa Gould Rubin, a doula and childbirth educator at the Good Birth Company in South Salem, New York, and coauthor of *The Birth That's Right for You* (McGraw-Hill, 2005).

Even as women have more options, birthing experts and surveys have found a phenomenal number of women coming away from their birth experiences feeling let down at best, violated at worst. Jennifer Block, a New York City-based journalist who interviewed dozens of mothers for her new book *Pushed* (Da Capo, 2007), says many of the women she spoke with imagined themselves dealing with labor in time-tested ways, but their experience resembled an intensive care unit more than a candlelit sanctuary.

"They saw themselves walking around the hospital, taking a bath, breathing through the contractions, and bouncing on a birth ball," Block says. Instead, many were tethered to their hospital beds by monitors, catheters, and tubes. "One woman told me that she felt like a science experiment."

Carol Sakala, program director at the nonprofit Childbirth Connection in New York City, says if women feel that they were duped by their hospital birth, it's because they probably were. Hospital caregivers and marketing

messages often tout options and choice, but when contractions begin, much hospital birth care is in fact quite standardized. "For women who want a natural, unmedicated birth, the hospital environment really is a square peg in a round hole," says Sakala.

The good news is that women have options and information. All it takes is some research and self-exploration.

Know Yourself

The first step to building the ideal birth experience is to visualize what *ideal* means to you—not your sister, your mother, or your best friend. "It's important to think about who you are, and how you live your life, and what's important to you," says Gould Rubin.

Start by being inquisitive. Have coffee with a midwife or a doula. Tour a freestanding birth center and your local hospital. Explore natural birthing philosophies such as the Bradley Method (www.bradleybirth.com), the Alexander Technique (www.alexandertechnique.com), HypnoBirthing (www.hypnobabies.com), water birth (www.waterbirth.org), and Lamaze (www.lamaze.org).

"Women need to ask themselves, 'Where, and with whom, am I best able to deal with this process of labor?'" says Block. "'In this huge physiological process—where my body needs to do this crazy thing of pushing out a baby—where am I going to feel safest and most comfortable?'"

Dream Team

Once you have an idea about your ideal birth, you can start assembling a team of experts who share your beliefs. According to the national *Listening to Mothers II* survey, women often choose a caregiver based on insurance coverage, personal recommendations, or past experience with the caregiver (for example, the person is her gynecologist). "What struck us was that women gave very low priority to

whether their chosen person fit with them, what their record was, or their beliefs," says Sakala. "I don't think women really understand the tremendous amount of variation between the provider classes."

Interview at least two different practitioners, says Gould Rubin, and trust your instincts. If you're a healthy woman without extenuating circumstances, then a midwife birth could be a perfect fit, but be sure to research midwife licensure laws, as they vary from state to state. (For a guide, visit <http://cfmidwifery.org/states>.)

Certified nurse-midwives (CNMs) are advanced-practice nurses with specialized training in childbirth and gynecological care. They can prescribe medication in 48 states and can do routine procedures, like IVs, if necessary. The downside is that many CNMs do not attend birthing center or home births, and work only in hospitals. If you choose a hospital because it has a midwife on staff, ask about the odds of her showing up at your birth, says Gould Rubin; the midwife may be on a rotation with the doctors.

Other midwives, generally called direct-entry midwives, include certified professional midwives, or CPMs, who are required to have out-of-hospital experience. Another group includes licensed (in 24 states) midwives, who may also be CPMs or CNMs, and lay midwives, who may have received training through apprenticeship or self-study.

No matter what road you take, says Gould Rubin, your goal should be to find caregivers who respect your needs and wants: "Whether you want to give birth squatting and chanting to the sounds of the Brazilian rainforest, or you want to listen to Mötley Crüe and have a scheduled C-section, it's all good. The ultimate goal is not just a healthy mom and baby, but also a woman who comes through the experience feeling good about herself." 