AIMS For a better birth...

Normal Birth at Home

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Angela Commiskey

When I first discovered that I was pregnant with my Second child I was somewhat devastated. The memories of a long and painful labour ending in a caesarean section 18 months beforehand were still fresh in my mind. Needless to say, the prospect of history repeating itself made me feel very uneasy.

After overcoming nausea during the first few months I finally surfaced around my fourth month with a new energy and enthusiasm for the child growing inside me, and began to prepare for my first ante-natal visit to Rottenrow Maternity Hospital. I armed myself with a list of questions for the consultant. I wanted to know the particular reasons for the previous caesarean, and more importantly, how they planned to deal with the second pregnancy and subsequent labour. The consultant seemed somewhat impatient - he quickly explained that although the overall dimensions of my pelvis were average (a pelvic X-ray was taken shortly after Ruby, my first child was born) it was noted that the ischial spines were large and prominent and, in his opinion the baby's head could not pass between them because of the lack of space, and therefore a caesarean was inevitable. Consequently as second babies were generally larger it seemed likely that the same thing would happen again and that the chances of another section were high. However, they would allow me a short trial of labour as I was obviously keen to have a normal delivery. This was not what I wanted to hear.

I was disheartened by the general lack of support and confidence in my ability to birth this baby normally. They then gave me a scan to check my dates and reckoned the baby was two weeks further on and due around October 3rd. as opposed to my own date of October 17th. I left the clinic feeling very low. Little did I realize then that I would not return.

I quickly decided that I was not prepared to let things be. I was not at all convinced by the consultants argument. I would do some research myself into the reasons for caesarean section. How cephalo pelvic disproportion (C.P.D.) was diagnosed and how accurate such a diagnosis could be. If necessary, I would find another consultant and change hospitals.

I set about phoning various organisations in search of help and advice. The National Childbirth Trust, The Association of Radical Midwives, AIMS, and the Independent Midwives Association were all supportive and encouraging and they in turn suggested other contacts and useful reading material but, it was not going to be easy to find consultants and midwives Who would support my cause.

I then began to consider the possibility of having a home birth -where I would feel more relaxed and more

in control of the situation. But homebirth after a section? I imagined much opposition from the medical profession, and knew that it would not be easy. I would have to be strong and well informed on the subject and carefully examine the risks involved in view of my medical history. The book 'Silent Knife' was recommended, it covers every aspect of caesarean section - the operation itself, why itk performed , the risks involved and cites cases of women who have had normal deliveries in hospital and at home after one or more previous sections. Having read it through I felt much happier and more confident about pursuing my goal.

It would Seem that many American women diagnosed as having C.P.D. and sectioned accordingly have gone on to deliver normally, and often at home. But how did I go about organising a home birth here in Scotland? I spoke to many sympathetic individuals and organisations but there seemed to be general confusion as to how one approached it.

I was now six months pregnant and begining to give up hope. Then came across the Society to Support Home Confinement. They provided me with fact sheets which amongst other things gave step by step instructions on which authorities to inform and supplied a specimen copy ofthe letter to send them. At last, I had found what I'd been looking for! But it too late now to organise this? They assured me that it was never too late. Following their instructions I wrote to the director of Midwifery Services in Glasgow informing her of my intentions to have my baby at home and inviting her to make the necessary arrangements. I sent copies of the letter to the chairman of Glasgow District Health Authority. the Secretary of the Local Community Health Council and my own GP. I also wrote to the ante-natal clinic at Rottenrow to advise them that I would not be returning. Then, I sat back and waited for a response.

It came about 10 days later. The Director of Midwifery Services acknowledged receipt of my letter and indicated that the matter would be dealt with by the Head of Midwifery at my Local Maternity Hospital (the Queen Mother's). I also received a reply from the Community Health Council expressing interest in my intentions and asking me to keep them informed as to the outcome. About a week later, I was visited by one of the district midwives. She came armed with a questionnaire relating to my medical and personal background and I immediately felt intimidated by her presence. It was obvious that she was very unsympathetic and thought me naive and irresponsible. This however, made me all the more determined to explain my case and justify my actions. Gradually she began to see my point ofview. Although she still felt it wts her duty to try to persuade me against this course of action - and this, she did admirably, but unsuccesfully.

The next step involved her liaising with my previous consultant to establish the reason for the caesarean, after which she would meet with the other midwives to discuss whether or not they would take on my case. If so, then I would be under the supervision of a group of four midwives - any one of these might be on call around the time of delivery. I then explained that I had spoken to my GP who had been extremely helpful and sympathetic. However, she did not want to take offical responsibility for the homebirth, although she was willing to be in attendance during labour, if she could be contacted at the time. On her second visit, the midwife "'ms accompanied by the Head of Midwifery Services at the Queen Maternity

Hospital. She had come to persuade me to have my baby in hospital, She expressed concern about the possibility of the caesarean scar rupturing during labour and the unreliability of back-up services in the event of such an emergency. They suggested I visit the labour ward at the Queen Mother's where they had a special informal birthing room which might appeal to me. Feeling under pressure, I agreed to do this with my partner. However the predominance of medical technology even in the 'special' room made me even more determined to pursue my goal.

During the weeks which followed, I met all of the four midwives who had been assigned to my case. This forthcoming home confinement was a nerve-wracking prospect for all of them - mainly because of my medical history. their lack of experience in this area and because the responsibility lay on their shoulders alone if a GP was not in attendance during the labour. Later we discussed my birth plan and I emphasised again my desire for a natural birth with as little intervention as possible. Meanwhile, I had been doing some preparation work on my own. I had finally traced someone in Brighton who had had a successful home birth after a caesarean with a independent midwife. I found this very reassuring. I had also made several visits to a nutrition consultant in Edinburgh for advice on diet and supplementation. I read lots of books and attended N.C. T. Classes regularly. I also contacted the Association of Radical Midwives and attended one of their meetings on Homeopathy for Pregnancy and Labour. I discussed with them the confusion about my expected date of confinement. If I went too far beyond the scan dates I would most certainly be admitted to hospital for induction, which would increase the risk of another section considerably. We talked about ways of inducing labour naturally, and I then contacted a homeopath in Glasgow. She suggested a variety of preparations which could be of use during labour and afterwards. Although she could not be present herself during the birth she suggested we keep in touch by phone and she could provide certain remedies to be used as required.

It was Thursday October 6th (I was a few days overdue by the scan dates) when my waters began to break. My initial reaction was to panic. Suddenly, I felt totally unprepared for this birth and full of self-doubt. The midwife was due to visit that day. She quickly explained that I would have 24 hours to establish labour. If this didn't happen I would have to be admitted to hospital because of the risk of infection to the baby.

My contractions were still very weak and erratic so I phoned the homeopath and she prescribed Caulophyllum to help. The following day. my waters continued to leak although I had made little progress. When the midwife returned, she was not convinced that the membranes had ruptured and suggested that it might only be a leak which could re-seal itself. However they were still keen for me to be admitted to hospital for observation, but I resisted. On the third day (Saturday) my GP came to visit. The contractions had now stopped. In consultation with the hospital obstetrician they concluded that the membranes were still intact and agreed to leave me for a few more days.

I continued taking Caulophyllum under my homeopaths instructions and kept myself occupied. I knew that time was running out and if labour didn't begin soon my hopes of a home birth would be shattered.

On Monday evening, I attended my last N.C.T. class and practiced various positions for labour with my

partner. My GP phoned to ask me to attend the Queen on Wednesday morning for an examination. It was now vital that they established whether or not my membranes had ruptured. My heart sank. I knew that once admitted I would not be allowed to leave again until the baby was born. I went to bed that night and was awakened about 2,00am by a sharp pain in my lower back. My labour had begun and quickly established itself with contractions coming every five minutes. This time I felt ready and in control. I took a shower and put on some comfortable clothing whilst my partner phoned the GP and then the hospital. The midwife and student midwife arrived about 4.00am to find me 5-6cm dilated. Contractions were now stronger and more frequent and I was now sitting at the bedside with my feet on a stool, rocking backwards and forwards. Near the end of the first stage I took another homeopathic remedy to maintain my energy level and I soon felt the urge to push. At this point, I stood up and used my partner as support. My body was telling my to deliver this baby in an upright position but the midwives were hesitant and encouraged me to move back on to the bed. The second stage seemed relatively short (if not somewhat rushed). The midwives encouraged me to push hard and Greer was born swiftly and peacefully about I had torn substantially in the process but none-the-less felt elated.

My medical record indicated that I had C.P.D. - a pelvis too small to birth a child normally. I had just pushed an 81b baby girl into the world on my own - without drugs, and with my uterine scar intact! I think I had proved my point....