AIMS For a better birth...

Perseverance Pays

Debbie gives an account of her three caesarean births and then the home birth of her fourth child.

Phillippa

I confidently booked to have my first baby, Phillippa (born in February 1986), at home. However, during an antenatal visit with my GP, who was very supportive of home birth, my midwife happened to come in to speak to him about something else. When she heard I was intending to have my baby at home, she commented that she didn't like first time mothers having babies at home because they didn't know whether they would cope with the pain. She suggested I book into the GP unit. Since I was unaware that I could have asked for another midwife who would have been more supportive, later that day I visited the GP unit and booked for a 6 hour discharge, under the misnomer of 'domino'. There was to be no continuity of care, but frankly I felt I would rather have someone else with me during labour.

At 42 weeks I was referred back to the consultant. He was to see me again the following week on Monday to discuss induction, but on the preceding Saturday night I went into labour. I laboured well at home and late Sunday morning we went into the GP unit. My contractions slowed down drastically, and an internal showed me to be 3-4cm dilated. Progress was slow after pethidine and artificial rupture of membranes. This, and being 43 weeks pregnant at midnight meant, we were transferred to the main maternity unit in the same building. Syntocinon drip, fetal scalp monitor, and epidural all followed, accompanied by failure to progress and fetal distress. A caesarean became the only option. We were kept informed of what was happening and the anaesthetist was brilliant. Phillippa was checked over within my sight and then handed to us and tucked up beside me for transfer from theatre to labour ward and, later that morning, to the post-natal ward.

I had no pelvimetry done since my GP explained they were of questionable use. He encouraged me to believe that next time things would be fine and since I didn't seem to be traumatised by this caesarean, I was very optmistic about future births. I intended to have our next baby in hospital as I believed, at the time, this was a prerequisite to having the third one at home. If only I had known the truth.

Haddon

We moved house a week before our next baby was due and I encountered a very different opinion of postmature pregnancies, the consultant induced at ten days over (and still does). I was unaware that I could have asked for a second opinion or changed consultant. Over the next I eight days I had five lots of prostaglandin pessaries and even negotiated going home twice during the fiasco. Eventually, I was taken to the labour ward where an attempt was made to break my waters with an undilated and posterior

cervix. It was unbelievably painful and they managed to convince my husband, Tim, to go and get himself lunch while they did it. A syntocinon drip was also tried, but with no effect, and later that day I was manoeuvred to theatre for another section. I still don't know quite how this came about, but I suspect some of the procedures were carried out simply to prove to me that a section was necessary. Haddon was born (October 1987) angry and, at eight years old, frequently still is. He didn't want to be born yet and he was separated from us, once we had seen him briefly, until I was taken to the postnatal ward. His mother's emotional state can't have helped; I was distraught at the idea that any other babies of mine would have to be born by caesarean.

Toby

By the time I was pregnant again I knew I had the right to choose a vaginal delivery and a home booking, and had informed the supervisor of midwives that this was what I intended to do. Six midwives agreed to be involved with my care and I was asked to see a consultant at a nearby military hospital. He and his registrar were happily taking on VBAC's after two sections and leaving mothers to 44 weeks providing everything, including the levels of amniotic fluid, which were measured every few days by scanning, was well. I knew there had been plenty of amniotic fluid in both my previous pregnancies, but this one was to prove different (could it have been the raspberry leaf tea I was drinking?). I was over 43 weeks and the amniotic fluid was declining when I started to go into labour. The labour faded away in the morning, only to start again the next night. I then went to my hospital appointment the following morning and the scan showed negligible amniotic fluid and because of the concern this caused I agreed that I would go in for induction the next day if nothing significant had happened. This I did after another night of contractions which faded in the morning. My mother, daughter and I sat and cried that night, but I felt I had no option. I tried in vain to find further information on the risk of low amniotic fluid. The support of the midwives was disappearing and I didn't have the inner self-reliance to carry on.

After one lot of prostin gel, a few hours of mild contractions and a fair amount of walking around I was delighted to be told I was 1cm dilated and fully effaced. However 16 hours of much more intense contractions, most at three minute intervals, brought no further progress. On standing up in the morning, things became very hard to cope with and the midwife, whom I had never met before, suggested I may be in transition and asked to examine me again. I refused as I had no confidence in this midwife or in my body's ability to make that sort of progress so rapidly. I demanded an epidural first. It was a while before I got the epidural but before it was sited I felt I was coping again, despite being on the bed attached to a monitor. The internal showed I was 6 cm dilated, the cervix was loose and floppy, and not applied to the baby's head as it had previously been. I felt I must have gone backwards and afterwards spent many sleepless nights regretting not having listened to that midwife.

There were signs of fetal distress, so my waters were broken and a scalp electrode fitted - several times. The waters were a thick mecomium sludge and the midwife called the registrar immediately. He was very calm and said that with minimal amniotic fluid that was to be expected. After several hours which included taking fetal blood samples half-hourly and giving me a syntocinon drip, there was no further

progress and although Toby's blood pH levels were now within normal limits, I couldn't put him or myself through any more and we asked for caesarean. Tim, my mother and I all cried, too numbed to comfort each other.

Despite agreement that Toby would not be separated from us, he was taken to the office of special care to have his stomach washed out as he had swallowed mecomium. My mother accompanied him, which helped us all to cope with this brief, but unnecessary separation. I spent a very disturbed night on the antenatal ward (they were unable to take me to the postnatal ward as repairs being carried out prevented getting a bed into the lift) listening to two other women in the early stages of labour. Toby was unsettled and I was coping with my arm in a splint, having complained that the drip was pulling sideways in my arm. I discharged myself, against medical advice, the following day, just over 24 hours after the operation. It was such a relief to be home and I am so pleased that I made that decision.

Max

I knew the day that Toby was born that I was going to have an independent midwife next time around. I organised my care before I was pregnant. It was wonderful to be in control, I had no scans, no visits to hospital or doctors and no tests, other than a few blood tests. I felt it was important for me not to treat this pregnancy as a medical event. I was able to spent hours talking about my pregnancy, previous births and my hopes and concerns for this birth. The children got to know the midwives and I felt at ease and not under pressure. I had some acupuncture and homeopathy to try and prevent the pregnancy going very overdue. However, I was almost 43 weeks when at 6am on a Sunday morning I awoke with contractions. At eight we called my parents and asked them to come and bleeped the midwife. Val, my midwife rang us and arranged to ring back in a couple of hours. We filled the pool and I switched on the TENS machine. The kids and Tim were getting on with various things around me, but I was very focused on what I was doing. When Val rang again at about 10.30, she listened to me during a contraction, and said I could get into the pool if I wanted, which I did.

Val arrived at about midday, just before my parents. She wanted me out of the pool to do an internal, which I knew I was going find difficult. But I started to make pushing noises at the end each contraction, so she decided she would examine me in the pool. I was only 4 cm, but she said my cervix was very thin. My waters went during this examination and there appeared to be mecomium. Photographs taken later show there can't have been, as the purely blood stained liquor can be seen. We suspect there was a large quantity of stained mucus from around the cervix, as I'd had a very small bleed several weeks earlier. Val explained that it could be some time yet, but I was so focused on coping that I wasn't really thinking in terms of time, although I did start to panic some time around then. But I was able to tell my mother I was panicking and vocalising this was enough to allow me to regain my focus.

About 3/4 of an hour later I felt Max's head move back up suddenly after a contraction. The second stage was less than an hour despite the contractions slowing down towards the end. I feel that I may have been distracted by the phone call from the Supervisor of Midwives during this time. Once his head was out I was asked to stand and he came out easily with the next contraction.

He was slow to breathe, but he still had the cord pulsating, and Val gently encouraged him to breathe and gave him oxygen. Phillippa who had been with us throughout rushed upstairs to tell her older brothers and my father. Maxwell's breathing gradually improved and he began to open his eyes and move a little. Things improved markedly after his first feed, at just over half an hour old. Tim called an ambulance at Val's request as her cylinder of oxygen was running low and she wanted another one in reserve. I thought I would have found the presence of two ambulance men hard to cope with, but this was not the case and they seemed intrigued by the whole situation and the way Max was being dealt with in my arms. Also, the front door was wide open, as Phillippa went to let the neighbours know that everything was OK. Again, I would have thought this would have bothered me, but it was really nice as the sun was streaming in.

Val felt it would be a good idea for the paediatrician to check Maxwell over, and asked if I would go in the ambulance that was already sitting outside. I was helped out of the pool and really taken aback at the amount of clutter around the room. The placenta came out easily with a push (a totally physiological third stage). Maxwell was fed and the pair of us dressed to make the short journey. I was delighted to be able to walk and went to sort out my contact lenses myself.

At hospital Maxwell was undressed and checked over three times in succession by a nurse, registrar and paediatrician before we returned home. We refused a glucose test. His temperature was still a little low as the pool wasn't as warm as it could have been and he was in it after he was born for nearly half an hour. He fed about half hourly for the first twenty four hours. I suspect he was slightly hypoglycaemic and that he righted the situation perfectly well himself. He was over his birth weight in four days. He is now seven months, crawling well and still solely breastfed, except for a small piece of carpet!

I was to comment one day that I wondered why Maxwell's birth was so easy when the others had been so difficult. Before I had finished the question I knew I already had the answer.

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