

My Doula Life:

A Memoir

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Dedication

To my husband Jim for always going to work at a job that was less than fulfilling so I could make a difference in the world. To my mother, Nancy, who birthed me, inspired me, and supported me. And to the families who entrusted me with their care during one of the most vulnerable and transformative moments of their lives.

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Why I Did It

In November of 1933, as was customary for women of her social stature, my grandfather dropped off his wife at the hospital into the hands of strangers to be delivered of her first child instead of giving birth at home like less affluent contemporaries. Coming from the exclusive, upper-class village of Kenilworth, IL, Grandma was afforded a private room. Alone and frightened, she labored only with the help of a pharmaceutical cocktail called Twilight Sleep. Once transported to the delivery room, nurses strapped her hands down and rendered her unconscious with ether anesthesia. The doctor pulled her infant son from her body with the use of forceps.

Grandpa waited at home for news of his child's birth. Stork Clubs or waiting rooms for fathers wouldn't be popular for another decade or two. Childbirth was such a mystery to men at that time that they were probably relieved to be uninvolved. Grandpa received the long-awaited call, "It's a boy, Dr. Carey, congratulations."

Recovering from drugs and a difficult first delivery, my grandmother remained bedridden in the hospital for two weeks. She held her baby only when they brought him to her every four hours to be bottle-fed—as was fashionable in the 1930s. Because he was alone in his new dental practice, Grandpa came only once to meet his son. By the time they released my grandmother from the hospital, she had slipped into a deep postpartum depression that would prevent her from bonding with her infant son. Once home, she turned care of her baby over to her mother, with whom they lived at the time. This set the stage for a contentious mother/son relationship that lasted throughout her lifetime.

The early 1950s were a period of great social and technological change in this country. I was born in 1954, the same year the Boeing 707 took its maiden voyage and Truman approved the hydrogen bomb for production. The medical field also saw amazing advancements in that decade. Doctors performed the first organ transplants and inoculated children with the polio vaccine, yet women still gave birth like their mothers and grandmothers before them, alone, unsupported, and heavily medicated.

My mother did not recall the details of my birth because scopolamine, an amnesiac drug, erased her memory, and she too was sedated for the delivery. She remembered only spending the early hours of labor playing cards with my grandfather at home to pass the time, as my father remained at work until she was ready for the hospital. Like all dutiful husbands, he smoked and paced in the waiting room until the announcement of my arrival.

Two years later, my mother gave birth to my brother in an Army hospital in Fort Smith, Arkansas, where women labored together in barracks-like quarters. Upon arrival at the hospital, nurses gave Army wives sheets and told them to make their own beds. Medical staff not only permitted freedom of movement, but encouraged it. Until pushing time, these women toughed it out with nothing more than laughing gas for pain relief, and each other for support. “You’ll live, I promise. This will pass, and you’ll have a beautiful baby at the end of all that work. *Try not to fight it, dear; it’s easier that way.*”

For second stage labor, staff moved each mother to a private delivery room, at which time they put the woman under. Not my mother. After reading Dr. Grantly Dick-Read’s 1942 book, *Revelation of Childbirth*, which promoted the idea that birth was a natural physiologic process rather than a medical anomaly, she

wanted to fully experience birth and chose to forgo all drugs, delivering completely awake and aware.

Women of her generation thought that giving birth consciously was archaic, but my mother felt empowered by this “primitive” form of labor compared to her first medicated birth. “I loved witnessing every stage of labor,” she said to me when I was grown and expecting my first. “I’m proud of myself. I did it! No one else did it for me.”

As a young woman, I was profoundly moved by the stories of my mother’s and grandmother’s experiences. There had to be a better way to bring a child into the world that was less traumatic. Were we truly paying the price for Eve’s disobedience in the Garden of Eden (“I will surely multiply your pain in childbearing; in pain you shall bring forth children,” Genesis 3:16)? Or had my mother found the better way?

The 1975 book *Immaculate Deception* by Suzanne Arms completely changed my image of childbirth, and confirmed what my mother believed about birth to be so. What was the deception, you might wonder? “That birth is dangerous, risky, painful, and terrifying. That birth in the American hospital is safe, quick, and easy. That technology and drugs can improve birth. That home birth is dangerous.” Childbirth isn’t an illness. It functions perfectly well for most women without interference.

I came to believe that Eve’s pain in childbearing was simply a result of fear, just as Dr. Dick-Read had posited. Animals don’t consciously fear birth. They simply surrender to the instinctive process and suffer relatively few difficulties. Human mothers, on the other hand, override their instincts with thoughts of pain and inevitable complications, so that horrific birth becomes a self-fulfilling prophecy and medical interventions become the norm.

Like my mother, I experienced medicated labor with my own first child because it was the norm and I was ill-equipped to do otherwise. I wanted for myself the empowering experience of normal childbirth that Ms. Arms claimed women are entitled to have, so for my second pregnancy, I chose to go drug-free. There is a cocktail of hormones released following birth that can give a mother a sense of euphoria and deep attachment to her child. I had never felt such a high before in my life, as I did after the natural birth of my daughter.

That transformative experience inspired me to teach childbirth classes. Deciding which birth method to teach, however, became a challenge.

When I was pregnant for the first time in the 1980s, everyone was familiar with Lamaze and the elaborate breathing patterns it promoted as a way of distracting a woman from the pain of contractions. When it was my turn to give birth, I couldn't remember at any given moment if I was supposed to be doing "he, he, who," "ha, ha, he," or "ha, who, he." Before long, I abandoned the breathing patterns and begged for pain relief. I knew I didn't want to teach the method that had not worked for me personally.

I learned from my doctoral training in health education that fight or flight, the body's stress response, exacerbates pain. It is a common stress management practice to recommend relaxation techniques, such as deep breathing, for clients who suffer from chronic pain like migraines. For this reason, the Bradley Method® (also known as *Husband Coached Childbirth*), which focuses on relaxation, seemed like a perfect fit. The only problem with getting certified as an instructor was that my husband Jim and I hadn't taken the classes ourselves in preparation for our daughter's birth.

As a result, we had to attend a Bradley® class series, and I had to observe an unmedicated birth.

A lovely couple in the class we observed knew of my situation and asked me to attend their labor at the birth center where I had recently had our daughter. They wanted someone to mind their two little girls who would be at the center to witness their brother's arrival, and to take candid photos during labor.

To watch another go through the stages of labor is amazing, addictive even. As soon as I heard the mother moan uncontrollably, I felt compelled to support her—talking her through contractions, reassuring her, assisting with slow abdominal breathing, suggesting position changes, and so on.

So engrossed in helping the mother, I lost track of where the little girls were. They could have been playing in traffic for all I knew. The photos I took were much too graphic to put in any baby book. I failed in my only two assigned tasks, yet the couple expressed sincere gratitude for my participation. Without knowing it, I had acted as a childbirth assistant (doula).

The experience made me wonder whether I might have been able to avoid pain medication if I had a doula at my own first birth. I wanted to do more than teach. I wanted to support other women in labor, to ease their anxiety and improve their outcomes.

The profession of childbirth assistance was still in its infancy when I became a doula in 1996. Most people I encountered back then had never heard the term before. Strangers often asked, "So, what do you do for a living?"

"I'm a doula," I'd say and wait for the quizzical look that was sure to follow.

“Doolah, what’s that?” they usually queried, exaggerating the pronunciation by drawing out the first syllable. “Is that like a midwife? Do you deliver babies?” they would ask, looking at me as if I had just told them I was into some strange new voodoo practice.

“No, only midwives are licensed to provide medical care and deliver babies. Doulas are birth coaches for the couple. I love what I do. It’s one of the most romantic professions around.”

Assisting a couple in pregnancy, labor, and childbirth is a bit like being a voyeur to the greatest love story of all. It’s a love story between two parents and their unborn child. Mothers often endure the trials of a complicated and lengthy labor out of love for their innocent infant. The love the father-to-be has for his mate grows visibly during labor as he sees for the first time her previously untapped strength. And nothing else can touch my heart more than the tears in a partner’s eyes when they meet their son or daughter (who before had been nothing more than a mere image on an ultrasound screen) for the first time and fall in love anew.

The Merriam-Webster dictionary defines junkie (also junky, pronounced jŭng’kē, noun—informal, pl. junkies) as a person with an insatiable craving for something (*chocolate junkie*). I am an obsessed, self-proclaimed *birth junkie*. My craving to help women have their best possible birth is never satisfied.

Why else would a grown woman choose a profession that requires her to be on-call 24 hours a day, 7 days a week? Doulas are frequently gone for long hours, often missing doctors’ appointments, school conferences, children’s birthday parties, holidays and vacations because an expectant person is in labor. By comparison, obstetricians who share on-call have it easy!

Only a birth junkie like me would answer a call during her daughter's birthday party and leave her husband with a gaggle of tweeners scattered around a roller rink to go to a birth? Yes, I did that. (Thank goodness my in-laws were there to help.)

Who else would go to work at 7:00 o'clock in the morning on Thanksgiving day, leaving her husband, whose limited culinary experience up to that point included fixing a bowl of cereal or a PB&J, to prepare the entire meal and entertain *her* family? Oh yes, I did that. (When I asked how it turned out, my spouse said, "No one died!")

And who else but a doula would work a 20-hour shift without much more than a quick break to sneak into the Labor and Delivery snack room ("For patient use only, thank you"), inhale a few graham crackers and peanut butter to knock down the hunger pangs because a client is in transition and it would take too long to go to the vending machines and get a proper meal of a Snickers bar and Diet Coke? Yes, that was me too.

Why did I do it?

Only another birth professional, such as a midwife or doula, can understand the depths of this obsession with birth. Our craving to be around women in their childbearing year leads us to teach childbirth classes and prenatal yoga, lead La Leche League and C-section support group meetings, get involved in grassroots politics regarding women's rights, or rally support for a family grieving the loss of a baby. When we gather together, we are compelled to share our stories and experiences. Husbands, partners, children, and friends have long since tired of hearing our frustrations with crazy labors, hospital policies, and unyielding medical personnel.

I, like others, wanted to help families because *birth matters*.

In 2007, the 14th Dalai Lama came to the University of Wisconsin in Madison as part of a tour of American cities. Following his lecture there, he invited members of the audience to ask questions. Urban legend has it that one man inquired of his holiness if he thought there would ever be world peace (a question I'm sure many of us are still wondering to this day). Without hesitation or pause, he said, "Yes, when all babies are born into this world without crying."

I believe that the Dalai Lama has repeated this sentiment many times since because it is not unusual to see a random car displaying a bumper sticker that reads, "World peace begins at birth."

How we experience the transition from the womb can set the stage for how we view and interact with the world around us. Every caregiver who assists a woman in labor instinctively knows that the way in which a child enters this world will affect that child's life and the lives of those they touch, indefinitely. Meteorologist Edward Lorenz once coined the term for this type of phenomenon as the "butterfly effect," based upon his theory that small disturbances can have large effects.

My call to birth work began innocently enough, like a butterfly flapping its wings, yet it grew to impact the lives of many. Over the next twenty-five years, I assisted at well over five hundred births, both in and out of the hospital. I taught childbirth classes to at least two thousand families. In 2004, I was the first doula in the US to open a free-standing birthing center (centers are traditionally owned by midwives and/or doctors).

Some in my hometown have called me a pioneer. I simply call myself blessed.

Ninety percent of the births I attended were vaginal, with only ten percent requiring surgery; however, what follows are some of the more interesting and unusual births I participated in. They are not my stories alone; they belong to the families who hired me as their doula. I obtained permission to share where possible, but to protect the privacy of those I could no longer reach, I have changed names, descriptions, professions, locations, etc. I have taken the liberty of reconstructing conversations. The details of the labors, however, are as accurate as memory and birth notes allow.

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