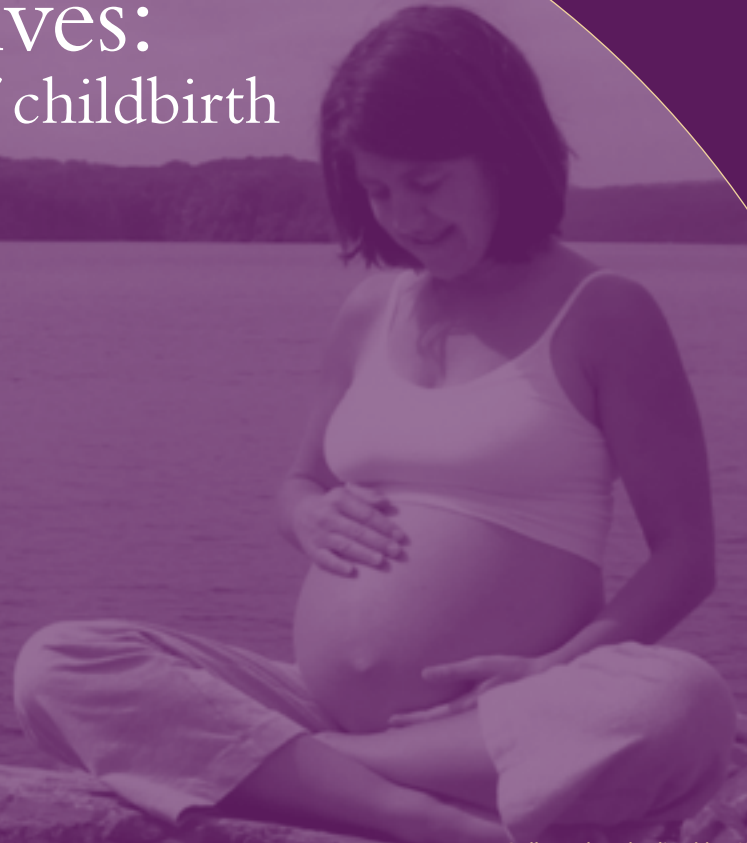


# mothers & midwives: women's stories of childbirth



Collected and edited by Sheryl Rivett

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# introduction

*Childbirth stories are powerful. They define women's experiences, offering rich information to other women as they begin their individual journeys into motherhood. This booklet is written in the spirit of recognizing our collective feminine strengths, fears and triumphs when facing the uniquely feminine experiences of pregnancy and childbirth. All of the women included in this collection opened their homes to me and invited me in to share a cup of tea, tears, laughter and the power of their stories. I've chosen six from the 21 interviews conducted in the summer and fall of 2004 and hope that you are as moved and changed by their stories as I.*

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# nicole

*"I was so excited and already I felt so in control, like a pro and just excited to be doing it."*

*It was a mild late summer evening when I met with Nicole at her townhouse in Leesburg, Virginia. The sounds of her daughters echoed from the basement where they were playing with their father. Tall, lithe and youthful it was hard to imagine that Nicole had just given birth to her third child less than a year ago. Hair pinned back in a loose pigtail, her emotions moved quickly across her face as she openly and enthusiastically told me the stories of her three hospital births. I could sense that her own girlhood was not far behind and yet she was recounting her birth experiences with the wisdom and maturity of full womanhood.*

With the first birth, Nicole and her husband invited a doula and large number of family members. She recalls that decision as self-defeating. From her experience working as a nanny, Nicole had learned about natural mothering and hoped to make it through her labor without intervention or drugs. However, the large group of people, including her mother, ended up distracting her and affecting her confidence level when the labor got tough. She remembers her mother saying, "She needs something, she needs something NOW." Instead of focusing through the hard contractions with positive support in the room, Nicole was distracted and lost her ability to work through the labor naturally. She agreed to an epidural, needed oxygen, and in the end the attending physician used a vacuum during the delivery. She shared her feelings of helplessness during the vacuum procedure, saying it was like, 'Help me,



Nicole and daughter Tara

pull my baby out of me, somebody do this for me' and not even being able lift herself up when a pad needed to be changed on the bed.

"I didn't feel anything – nothing. I had no sensation whatsoever. It was almost like, on top of waiting for this child and then having all this chaos of her heart rate going down and then being vacuumed out – it was like somebody just pulled this child out of me. Like, 'Here!', and then they took the baby away. It was so awful, it was so horrible and just unnatural." In addition to the guests in the room, Nicole remembers several nurses attending the birth and the focused rush in the room of "Let's just get this baby safe".

*The heaviness of her experience hung in the space between us. I could understand the regrets and the challenges she faced with her first child. For every woman, it takes a certain amount of faith and courage to jump into motherhood and the jump is laden with inevitable mistakes and learning opportunities. Her pain, I thought, was probably representative of many women's maternity experiences in our highly technological hospitals.*

"They wouldn't give me the baby for a long time. Wendy [her midwife] was trying really

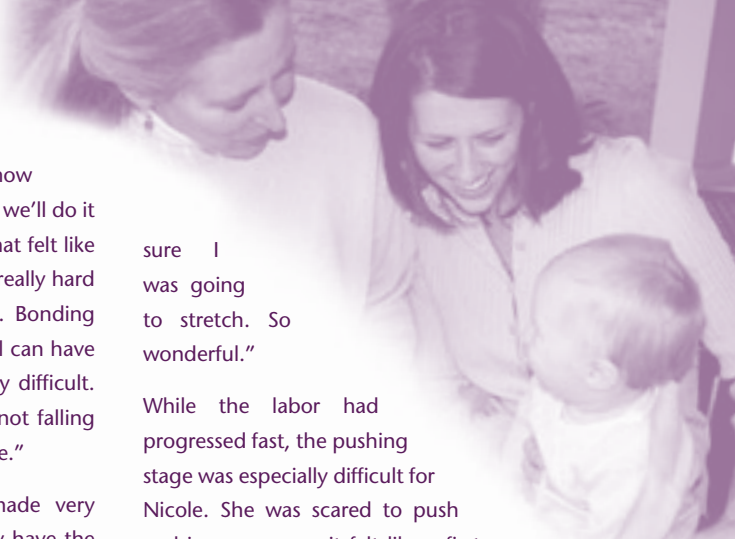
hard to be my advocate – 'You can do that later', like the gunk in her eyes – 'Y'know all the things that they were like, 'No, we'll do it now' – I didn't get to hold her for what felt like the better of 45 minutes. I just had a really hard time with postpartum with my first. Bonding issues – which later I read an epidural can have an effect on – it was just really, really difficult. I felt scared and lost and why am I not falling more in love with her and so, so alone."

With Nicole's second birth, she made very different decisions. She chose to only have the midwife and her husband attend. This time, the birth was fast, intense and she never lost her focus. "...being my first experience with completely natural, it was very exciting and um, even though I'd experienced contractions before, once I got to pushing I was like a fish out of water – like, y'know, what am I doing here? Oh, my gosh! I can remember just looking right at the midwife and saying help me, help me here...tell me what to do. Her voice – it's so calming. Like, 'It's okay, I know this hurts. This is what's happening.' She had great ideas. Hot, hot compress, just all these wonderful ideas. I didn't rip, I didn't tear. She massaged me, made

sure I was going to stretch. So wonderful."

While the labor had progressed fast, the pushing stage was especially difficult for Nicole. She was scared to push and in many ways it felt like a first labor. The midwife used hot, warm compresses to encourage her to push against and at some point Nicole became aware that she was fighting the pushing out of fear. "Finally, I realized, 'Gosh darn it, if I don't do it, no-one else will. This is me doing this. We're going to be here all day. So, in my head I got almost angry, just like you would training when you're working out with weights – so, mentally, I geared up and I bore down and not 20 minutes later she was out!'"

When I asked about the midwife's role in her labor, Nicole said, "She (the midwife) had a



Wendy, Nicole and daughter Tara

*"I definitely discovered after my last two completely natural [births] that after some point I become a screamer during the pushing. I'm also a very dramatic person in my life, so I think that plays into my personality and pushing process!"*

calming effect. It's Wendy's voice I want to hear, it's Wendy's words that I want to hear. It's just her showing me what to do: how to sit; it's almost over; this is coming; you're doing an amazing job - Just to look into her eyes and to see what's happening. I felt so elated and so excited that I had done it the way I had always wanted." After the birth, when her newborn daughter was lying in her arms, her husband looked down at Nicole and said, "You did it!"

Nicole burst into tears when she realized the mountain she had finally climbed.

When Nicole was pregnant with her third daughter, Wendy's husband called to ask her if she would be willing to surprise Wendy as the first appointment for her new independent midwifery practice (she and two other midwives had previously been employed by an

obstetrician). Nicole was touched and excited to share in the opening day. The women I interviewed all expressed a need to give back to their midwives – whether it was cooking a meal, writing letters to legislators for better access to midwives, or offering financial gifts, all of the women felt friendship and gratitude toward their midwives. So, when Wendy opened the doors, newly pregnant Nicole was the first face she saw.

The third labor was also fast. Nicole described the early labor like this: "I walked around the house, the whole time going, 'Y'know - these contractions are intense!' I couldn't sit and I didn't really want to talk during them either. I thought, 'Wow!' in the middle. I was so excited and already I felt so in control, like a pro and just excited to be doing it."

In addition to the new midwives practice, Nicole was able to labor and deliver in the local hospital's new "Birthing Inn". While staffed and run by the hospital, the Birthing Inn was a separate, adjacent obstetrical facility. Equipped with large tubs, quiet hallways for labor walks, an operating room devoted solely to obstetrical emergencies, and large rooms with a homelike decor,



Nicole and her daughters

Nicole described her third labor like “hanging out at home”. There were low lights, the hallways were quiet and she spent much of the hard labor in the warm tub that was filled with very hot water. Nicole recalled opening her eyes between contractions and saying, ‘It feels like a vacation’. “It was calm and peaceful with Wendy standing at the door and my husband next to her.” Once Nicole felt the pressure to push, she climbed out of the tub and two pushes later her third daughter was born. “I thought, ‘Okay. This hurts. And, if I push and get her out then it’s over’ – I mean it’s amazing to me, that the second you have the baby, there’s nothing – I’ll never believe that the second it’s over, there’s not a single ounce of pain and you’re enjoying your baby – and, I was able to think all that at once while screaming!”

When I asked Nicole whether she found her birth experiences transformative, she ended the interview with thoughtful advice for other pregnant women:

“I made my decisions because I wanted to have natural childbirth. I knew the reasons why. I knew I wanted to do this, that it was the thing for me to do. So, when I did it and did something that I put my mind to – that made me

feel strong. I mean it’s hard to have a baby, to wake up in the night, to be sleep-deprived. But, when you know you can go over the mountains of birth like that, you can say to yourself, ‘Man, am I strong. I am really strong.’ It really affects your mothering.”

And,

“You literally have to stay focused. Honestly, it’s not that hard. I also have to be careful saying that because it is hard work and I think we are amazing because we do that. But, it’s that conscious effort and that decision that you decide to stand on in your head. When at that turning point, you say, ‘I’m doing this’, and you go inside yourself and you say this is what I’m doing, okay, and there’s no other option....”

*Leaving Nicole’s to drive home to my own children, I thought about the important lessons she had learned through her experiences. She approached her first birth like a party – inviting a large group of people to attend, and she had learned an important lesson of childbirth: it’s a journey that we undertake alone. It’s as much an internal test of strength as it is a physical feat. Like any major athletic event, who we surround ourselves with affects the outcome. Ultimately,*



*But, it’s that conscious effort and that decision that you decide to stand on in your head. When at that turning point, you say, ‘I’m doing this’*

*she learned how she birthed best – with only her midwife and husband – two of her biggest supporters – at her side, and by approaching childbirth like a really hard workout. What she gained by her choices was the chance to fully feel the feminine power of birth. Unhindered by drugs, IVs, unnatural birthing positions, and with supportive loving care, she traveled to the far reaches of her personal strength. By trusting her body she delivered her daughters safely. She put it best when she said, “After my third was born, I felt like, ‘I am woman – hear me roar!’”* ○



# jennifer

*I interviewed Jennifer on a rainy, cool autumn day. We met in a wooded neighborhood park in Fredericksburg, Virginia and sat below giant oak trees at a picnic table. Our husbands were only a few yards away, playing with her 2-year old daughter and my youngest, only a year, on the playground. When Jennifer first walked up the path to meet me, I was struck by her outdoorsy and athletic appearance. With her long hair tucked up in a baseball cap, her intense blue eyes communicated as much about her story as her words. I had contacted her via email asking for an interview and this meeting was the first time we had seen or talked to one another in person.*

*Jennifer's only child, Chloe, was born at home with a certified nurse-midwife as the attendant. Jennifer was working professionally as a potter when she discovered she was pregnant. It was unplanned and a difficult time for her. Not emotionally or mentally ready to become a mother, she began her prenatal care in a fragile state that was compounded by nausea and anxiety. I could not only sense how hard that time had been for her, but I could identify with it as well: my first pregnancy was unplanned and it had been a challenging time for me when I put aside my school and professional goals to accept the new chapter of motherhood.*

*Sitting across a damp picnic table from one another, I asked her one of my standard interview questions: 'What brought you to midwifery care?' What followed was a painful, detailed story about an early prenatal visit to a local obstetrical practice.*

She was there for her five month visit, sitting on the exam table in a paper gown when the nurse walked into the room, stating that Jennifer would be having an ultrasound that day. When Jennifer told her she wasn't interested in having the test, the nurse left the room and returned with the staff midwife, who was very upset.

"I then proceeded to sit with my little gown wrapped around me, sitting on the table for almost an hour and a half, while the midwife in the practice tried to humiliate me into having an ultrasound. She just came at me with such bullying tactics and was just trying to scare me. She would just fire off a question, 'Well, what about this?' "

Jennifer was resolute in her decision, which was based on the reading she had been doing independently. Ultimately, the midwife agreed to let her go home, so long as Jennifer agreed to sign a form that stated she had refused the ultrasound in the event there was a later problem with the pregnancy.

"I'm over here shaking. I was just like, 'What's going on? I don't understand. This is not the way it's supposed to be – something's wrong'. So, I signed it. I was getting dressed and I just

thought, 'I'm not coming back here. This is just really wrong. I'm not supposed to be humiliated by my caregivers and I'm not supposed to be bullied by my caregivers. And, I'm not sick. I'm pregnant. I don't need fixing. I just need someone to help me take care of my body – and my baby.'"

Standing silently in the shadows of the exam room had been a student midwife. Jennifer remembers her as being older – maybe in her late forties, with grown children and a new career in midwifery. After Jennifer had dressed and was about to leave the exam room, she heard a knock on the door. The student midwife poked her head through the doorway and offered Jennifer important and encouraging words that greatly affected her later decisions: "Don't forget what you're fighting for. I wish other pregnant women would take the initiative that you seem to be taking in educating yourself."

Those words stayed with Jennifer and she resolved to find a midwife who would attend a homebirth. When I asked her what that experience was like, her eyes softened, her voice lowered, and I knew she had found her way to

*"Don't forget what you're fighting for. I wish other pregnant women would take the initiative that you seem to be taking in educating yourself."*

a safe and nurturing environment for her and her baby. "I just felt like I had walked into the most amazing, loving, compassionate, genuinely happy that you were there atmosphere. We sat in her office for an hour and a half..." Jennifer stopped and tried to stifle the tears that were threatening to escape. I felt my own tears begin – that were part happiness for Jennifer and part emotional memory of the safety I felt with my own midwife when in that vulnerable time of a first pregnancy.

"She was just so kind and was so very happy to hear about the books I had read, or the magazine articles I had read and offered other suggestions. And she spoke to Joe and I just like we were old friends and hadn't seen each other in a

while. It was so-so opposite of everything that I had ever felt in a doctor's office. I felt loved and I felt secure and I felt safe. At that moment, all of my fear – I mean, I say all of – but, you're still always a little bit nervous about what's going to happen – but, I was so okay."

*"That was the turning point you were looking for?" I asked.*

"Yeah, I had the confidence and I was just ready to go. It was just amazing."

As a potter, Jennifer's hands have patiently and skillfully molded clay into works of art. When she described her experience with the homebirth midwife, she illustrated her feelings with these same hands, holding them palms up in the middle of the picnic table: "She was very – her demeanor, her attitude during the birth

was very comforting. I felt absolutely supported by her and just the way that she spoke to me. The way she dealt with my body, it was just...I felt like she was just holding me right here."

*Jennifer's story about the difference between the first obstetrical experience and the midwifery practice echoed other stories I had been told. When the women felt cared for, nurtured and listened to, they all described feeling more in charge and more engaged in their pregnancies. Simply by listening and taking time to hear these pregnant mothers' concerns, the midwives were creating an environment of trust and mutual respect that in turn encouraged the women to become advocates for themselves and their babies.*

Jennifer's labor with Chloe was long and intense. "I was completely denying I was in labor for a while. It was the day of my 39th [week] appointment. It was just one of those things where I just kind of kept waking up, being uncomfortable, and kept having to pee. And then I started having contractions and I just thought I was having false labor. Y'know, 'I'm not in labor!' We pulled out the books and were looking and stuff. We didn't actually call the midwives until about

eight in the morning. I think I had been in labor since probably about midnight, without realizing it. I didn't believe that this was labor."

Jennifer's contractions were only three to four minutes apart and she was experiencing terrible back labor. The midwife listened to Jennifer through a contraction on the phone and said to her, "Jennifer, you're in labor. You're going to have a baby very soon. I'm getting in the car and I'm coming right now." Jennifer remembers, "I was like, 'Really?' I mean, somebody knock me upside the head! It was just like, 'No! I'm going to be pregnant forever. There's not supposed to be a baby at the end of this!'"

*I asked Jennifer about the role her midwife played in the labor once she arrived:*

"She just kind of let me do what I wanted to do. They were offering me suggestions – she and the birth assistant. She was trying to make me more comfortable: inquiring as to how I was feeling and making sure that everything was going along according to plan. She just supported me in what I needed to do and would just offer, 'Okay, this is how you feel, let's try this this time. Okay, that didn't work, let's try this. Okay, that worked, let's make this a little bit easier.'"



Joe, Chloe, Jennifer and Susan. Photograph provided by Jennifer

*“When you go back for your appointments afterward it’s just – Hugs. Just give me a hug. ‘Hi!’ You look into each others eyes and it’s like all that that you went through just goes like this and it’s just, ‘Thank you!’”*

Jennifer was very aware of the midwife’s presence and supportive role, but she also described the labor as an intense internal journey that she was grateful had taken place in her own home. “I was so comfortable. I was absolutely focused on my body and what was happening. I think that’s why some of it is just so blurry. Because it didn’t matter. I was walking around the house completely naked, getting in the shower, getting out of the shower, drinking, getting back in the shower, peeing, walking around the room, on all-fours, squatting, being supported. I wasn’t paying any attention to how or what they were doing to make my job easier. I was just focused on dealing with the contractions and breathing. This particular time I happened to be squatting and a few minutes later I was in the shower. These things just kept happening.”

*I commented, “It sounds like from what you’re saying – they weren’t interrupting your concentration and they were helping you with whatever you needed to do,” and Jennifer agreed:*

*“They would ask a question and I would respond positive or negative and that would then facilitate whether I got into the shower next or whether I was sitting on the toilet next, or whether I was on the floor on all-fours next. It was just these voices and arms, and I was just floating around the house!”*

Jennifer experienced pushing contractions for an hour. Sitting in the tub with the shower cascading over her back, Jennifer’s husband was leaning against the back of the tub to provide an anchor for her. She held on to him, bending

over in a semi-squatting position. “I just suddenly felt like I had to poop. And, I was like, ‘I’ve got to poop!’ I really feel like I’ve got to do this!” The birth team moved her into the bedroom and positioned her with pillows behind her and her legs up in the air. That position was too painful, however, after the many hours of back labor, so Jennifer moved into a side-lying position.

“I didn’t really envision one position over another. I ended up on the bed sort of on my side with just lots of pillows kind of propping me up, and then just pulling my top leg over my head with every contraction.” Her husband and friend were at her head, while the midwife and birth assistant were at the other end. “So then, it was just, ‘Oh my gosh.’ I was exhausted

*“Yeah, I had the confidence and I was just ready to go. It was just amazing.”*

and I was hurting, and y’know, I had reached that point at which you’re saying, ‘Oh my God. Just, okay – I’m done. Let’s do something else now. Can we order a pizza or something guys? Cuz we can do something else now. Because I’ve had enough of this. I understand what this is about now. I’ve got that pain down really good. I’ve had enough now!’ They [the birth team] were just so encouraging: ‘No! You’re going to have a baby before lunch. You’re going to have a baby! This is the light at the end of the tunnel.’ So, it was like ‘pep-talk’ time – lot’s of eye-focusing, lot’s of looking very deep into my eyes and saying, ‘Okay. This is it. This is your job. This is what you have to do now. And, when you finish this you will have the most amazing little baby in your arms.’ And, it was like, ‘Okay! Here we go – instant rejuvenation!’  
Just this

amazing focusing and looking very deep into you and finding that spot right in here and helping you to bring it forward. To find that place in yourself that you know is in there but you just don’t get to see very often. It was all about helping me to be the woman that I could be and giving birth to this little baby. Y’know? Just making it through.”

At this point, Jennifer was halfway through her pushing. The birthing team made her feel that the end was right around the corner. “With each contraction they were seeing her head. They were telling me all about it. My water hadn’t broken yet, so they were telling me about that and seeing her head, her dark hair. That got me really excited and helped me to re-focus again. We just kept pushing and once she crowned – Whew! That was tough. At that point, I remember them reminding me to use those low tones instead of the high shouting, screaming that you really want to do! There was lots of redirecting my attention to that point – refocusing me on where [my attention] needed to be. And, then suddenly: boom! Water broke and she flew out. She was just instantly there.”



Jennifer recalled having the shakes after Chloe was born. The midwives made her a cup of tea, gave her soup broth and covered her in blankets. I shared with Jennifer that I had experienced shakes after each of my own births. We both reflected on how unprepared we had been for that experience. It wasn't something we had read about or anticipated. It was part shock, part low blood-sugar, and we vividly remembered the first food and drink we were given.

"She was born and they got me comfortable. I just kind of rolled back over on to pillows. They re-did the pillows. I don't know how it all happened! Suddenly the pillows were good so that I could lay back and she [Chloe] was instantly right there. It was just amazing. Suddenly it was over and then I was just so focused on Joe and Chloe and we were just right there [in our home]."

When Jennifer was finished with the story of Chloe's birth, I asked her how the relationship with her midwife affected her birth experience. She shared with me what many of the other women had expressed: "Having the birth that we had, I cannot imagine having done that in the hospital with a doctor and with a nursing

staff. Knowing that you are absolutely loved and feeling the support...letting your body do what it needs to do...It's just so powerful. It's like you look into her eyes afterwards and there's just an amazing connection there. And, just knowing that this woman helped you accomplish your daughter's birth in the most loving and compassionate, supportive manner possible. She didn't interfere – she just helped. She just assisted my body in doing what it was supposed to be doing. I don't see Susan now, I don't talk to her. I was, on the one hand devastated when my appointments were over. She showed up the next day and we talked about it [the birth]. Once that was over it was like, 'Won't you come for supper? Come for Christmas?' Y'know, she was my best friend. She knew me better than anybody had ever known me before. She knew me better than I thought that I knew myself. I mean I hadn't even seen that about myself and suddenly she was there with me through it all. When you go back for your appointments afterward it's just – Hugs. Just give me a hug. 'Hi!' You look into each others eyes and it's like all that that you went through just goes like this and it's just, 'Thank you!'"

*"To find that place in yourself that you know is in there but you just don't get to see very often. It was all about helping me to be the woman that I could be and giving birth to this little baby. Y'know? Just making it through."*

*I ended each interview by asking the women whether their births had been transformative events in their lives as women. Jennifer's answer echoed the words of most of the women when she said,*

"It made me way more confident in my women-ness, in my female body. I'm no longer afraid of my menstrual cycle. I'm nursing my daughter. Whereas, before I was pregnant I was a little anxious about breastfeeding in public. I think it generally made more confident as a woman, as a person. It has made me want to

talk to people about it. It has made me want, whenever I find out someone is pregnant, to say, 'Can I tell you about midwives? Can I tell you about this website? Can I tell you about this book? Here, you can borrow this whole stack of books. Please, just read them.' Just trying to let people know there's more out there. I think just generally more confidence."

*At the end of the interview, Jennifer shared with me a painful, personal account of being transferred to the hospital for surgical sutures. While the midwives had done some preliminary repair work at her home, they felt it important that a trained surgeon complete it. Jennifer's experience at the hospital was very negative. The surgeon was cold, unfeeling and angry that she had been called in to do repair work on a homebirth mother. She was also angry that Jennifer was vocal about what kind of numbing medication she preferred. Once again, Jennifer was bullied and humiliated by a caregiver. Luckily, the senior midwife in the practice she used for her homebirth had accompanied her to the procedure room. (Her husband and newborn were not allowed in the room) This midwife stayed by her side and helped her to breathe through the pain.*

*Unfortunately, her story is not an unusual one. Women who have chosen to birth in their homes are often treated with hostility when a hospital transfer is necessary. Homebirth constitutes only 2% of all American births. Thus, it is important that a woman find sympathetic back-up in the event of a transfer. Not all physicians are opposed to homebirth and many appreciate a woman's ability to advocate for herself and her health. Good communication between a physician, the mother, and the midwife is essential. It is important to realize that most, if not all, physicians in America have received no training in homebirth.*

*Jennifer's story was a joyful story of perseverance, strength and courage. Sandwiched between two negative experiences in the mainstream model of care, her homebirth is a beautiful example of a woman taking charge of her own health and making an individual decision that best reflected what she and her husband wanted for their birth experience. It was a powerful interview that ended with shared tears, a held hand, and my own heart transformed. ○*

# maria

*"She really was looking out for my interests. She honestly, genuinely cares. She would never leave my side."*

*This is a story that will always stay with me. I met with Maria in her historical farmhouse in Stephen's City, Virginia on a hot and humid late summer evening. Maria had prepared a beautiful spread of food – fruit, vegetables and dip, crackers and cheese – with a candle burning at the center of the table. I knew her mother through a non-profit organization and had met Maria a few times, but this was the first time we sat down to have a lengthy conversation. Maria delivered her two children at home with her mother as the attending midwife. What follows is a beautiful, heartfelt story that was told to me with a lot of tears and shared laughter. The pictures accompanying the story were taken right after the interview, when her mother stopped in and we all basked in the warmth that the telling of birth stories always leaves in a room.*

Maria's first labor took place in her husband's childhood home that they were renting at the time. She found herself laboring in the bathroom a lot because she liked the sound of running water. The labor from start to finish lasted nine hours. At the end of the labor she experienced more pain, as her son was large and was presenting in an uncomfortable position that was difficult to deliver. Looking back, she said, "In the end it all came out fine – it was just beautiful." I asked her to describe her mother's role in her labor and she shared, "Really more of a coach.

I mean because I went within myself. I didn't really talk a lot. I was really in another place. It took me nine hours to have him, which was quite a bit for me, I was thinking. So, she was really coaching. There were some



Maria and her mother Zan

points where I was kind of mixed, because she was my mother. So, when I was really hurting, I was like, 'Mommy, I can't do this'. I got to a place where, 'I give up. Give me the drugs!' She really, really made me realize that I was meant to have the baby. She really gave me much information so I knew what to expect. Even though they can't ever give you enough information – every experience is so unique. That empowered me."

With the second birth, a daughter, both Maria and her mother were taken by surprise. Maria and her husband were living in her mother's farmhouse, while in the midst of buying their own home. It was an early spring day when Maria woke at 4:00 a.m. on the porch not feeling well at all. "I was at home, thank goodness, with my mom. I got my husband and he got

my mom, and then our nurse (the birth assistant) called. First, I got in the tub and that lasted thirty seconds – because the pain was immense! Cuz, I'm thinking I'm going to be doing this pain for nine hours. And then, all of a sudden – she (her mom) was trying to get her contact lenses or glasses on – and she's trying to get all of her equipment sterilized and all these things that we've been preparing forever – finally, I actually lifted my mom's head. I grabbed her head – and, I'm in the bathroom and she's like knelt down in front of me – I grabbed her head up and said, 'This baby is coming now!' And she looked at me like, 'It can't be coming now!' And, she barely caught the baby! So, um, that was a crazy experience! It was just less than an hour. It was amazing. And, she has been like that ever since...her birth really describes her personality."

Maria left her childhood knowing more about women's bodies than most young girls. She remembers parties honoring women or celebrating midwives and her mother made it a point to educate both she and her sister about how women's bodies worked during pregnancy and childbirth. When pregnant with her son, Maria saw the same midwife who attended

my own first two deliveries for her early prenatal visits. Later in the pregnancy, her mother returned from another state, took over her care, and attended the delivery. When I asked Maria to tell me about the experience with her midwives, she told me, "I have been really, really blessed because I had Juliana [another midwife] involved as well. So, I just had these two amazing women. Now that I'm older, I realize how special it was - but then, I just thought that it was something that everyone got – and how precious it was. I'm going to cry..."

*This profound statement struck a personal chord for me. In a nutshell, she had put to words what was motivating me to drive around the state interviewing this minority of women who had chosen midwives for their caregivers. It was after my second pregnancy that I began to realize not all women experienced the same care I had received. More of my friends had begun to have children and I was meeting women through playgroups and classes for my older daughter. Inevitably, when a newborn baby was in the room or a pregnant woman sat down with a group of women, questions about doctors and birth experiences would come up. I often felt like the odd one out: my care had been filled with*

*nurturing reassurance; an education about how my body worked and how to approach labor with confidence; and I had a close relationship with the woman I called my midwife. In addition, my husband and I were never alone during a labor. We had continuity in care that women in hospitals with the traditional nursing shifts and physician care didn't experience. I found that when I shared my homebirth experiences in public it would either stop the whole discussion and I would be given uncomfortable looks, or I would be bombarded with questions. I, too, began to reach the same conclusions as Maria, and was compelled to discover how other women who used midwives would describe their experiences.*

Maria had become so emotional when I asked her about her experience with her mother, I later asked her to reflect on the question again. "I'd always believed what she said, but when it came down to it - her being my mom - it really gave me the strength. I'm always amazed how she empowers women. It's a gift. I haven't really ever met a midwife I haven't liked. And, I like the fact that they think you're not sick when you have a baby - you're actually healthy if you do the right things. Y'know, I know a lot of people have misfortunes, but as a

rule, I really believe that we wouldn't have been created not to have these babies. It's not like we have to go to the hospital and be sick. It's a spiritual experience."

And later she added, "She really was looking out for my interests. She honestly, genuinely cares. She would never leave my side. I really trusted her opinion and her experience of these babies. And, she has this sixth sense - that's really nice. She really respects a woman's body and how it all works, and so, it's all almost like a ceremony."

Because Maria entered motherhood with more information about pregnancy and motherhood than most women in our culture, I wondered whether she would describe her birth experiences as life-changing events in the same way other women had. Somewhere in the back of my mind, I had

*"My babies came out looking at me. It was just, it was like - 'they're looking right at me!' It was like, 'they know me'."*



been wondering whether most of us were so cut off from our bodies that the birth experience was really more about us as women learning to live and work with our bodies for the first time. But this theory might have been only partly true: Maria characterized her birth experiences much as we all had – as a transformative time that marked the beginning of motherhood.

“I’ve never been the same person. And, it gave me a lot of strength. Even though I was so tired, I felt I could do a bazillion things. I felt like I had woken up. I was so proud of myself and my body felt so good. Here I did all this and the baby was so with me. My babies came out looking at me. It was just, it was like – ‘they’re looking right at me!’ It was like, ‘they know me’. They didn’t have any drugs and they were so alert.”

She, too, ended the interview with insights for other women:

“I do see how women can be so afraid. And, when you have that pain.... If I had someone saying, ‘Oh, do you need drugs?’ I’d probably go, ‘Oh! You must be right, of course I do’. Instead of this [learning to] letting it all go. It

was really more of an experience – or more of a ride. I felt like I was on a ride. And, the more I let go and just let the pain – accept the pain – then it didn’t hurt anymore. Really, once I had the baby, I wasn’t in pain. So, it was just the beginning and once I wasn’t, like, clinching on to it and holding on to it and letting it go, and actually accepting it, the easier it was.”

*Sadly, because of current Virginia state law Maria’s mother is no longer able to practice independent midwifery and is working as a public health nurse. The midwife who attended my first two births at home and the midwife who attended my fourth homebirth are also no longer practicing. Driving home from Maria’s I wondered what the maternity health would be like for my four daughters – without women loudly demanding the feminine care that midwives offer, would these beautiful experiences become a thing of the past? The midwives I have known, like Maria’s mother, have incredible intuitive abilities during women’s labors: would the intuitive dance of birth disappear? And if, as the women I’ve interviewed have told me, they experience increased confidence in themselves*

*as women and in their new roles as mothers with this type of care, what does that mean for the women who are not having these same experiences in childbirth? Driving home, pushing on the accelerator to keep up with the Virginia highway traffic, I felt not just an urgency to get home to my littlest one, but also an urgency to write down the stories captured in my digital recorder. Like little gold nuggets of great worth, these women’s stories of nurturing, empowering care felt like a secret treasure I had been handed. Maybe, just maybe, if every woman could hear how incredible maternity care and childbirth can be, we could hold on to this ancient art of caring for women. ○*

# susana

*"She had such a gentleness about her. [There was] something about her physical touch on me that was really soothing."*

*My first interview was with Susana, a long-time friend of mine. Susana's first child was born in the hospital with an obstetrician, her middle two with a family practice physician at the same hospital, and her fourth was born at home with a certified nurse-midwife. We met in a coffee shop when her daughter was only four months old. The birth was still fresh in her mind and we excitedly settled in with our cups of tea, surrounded by the shop's tasteful eastern decorations, soft jazz music overhead, and the aroma of fresh ground coffee wafting through the air. It was a treat to start with her story – I knew that we could go slowly and I'd be free to revise the questions as needed with an understanding friend as the first interviewee. Susana's presence is very warm and gentle. She was soft-spoken and chose her words carefully, speaking slowly. I was curious to hear how she would describe her homebirth, knowing that she would have valuable insights to offer about the differences between the medical and midwifery approaches to care; and I was grateful she was willing to offer her story to my study.*

Susana's labor was very long and painful, lasting about 17 hours. She had in attendance a birth assistant, whom she greatly trusted; a close family friend; her husband and 12-year old daughter; a senior midwife; and the attending midwife, a student. "It seemed like it would never end. It seemed like it would never happen! I guess I got to that point where I just thought nothing would ever happen and that's of course when everything started happening. It was like everyone started moving; setting



Susana and her daughter Erin

*There was a lot of activity! Maybe because it was so fast; at the moment of the birth. So, that was kind of fun at the last- and that's when you're like in total disbelief. Like, 'I did this? It's over?'"*

things up, and ....the water broke by itself. That was cool – that was the first time that had ever happened.” [During her medical births, the physicians artificially ruptured the membranes]

I asked Susana what she felt her midwife’s role was in her labor and she replied, “Well, of course, the medical part in terms of monitoring the baby’s well-being and my well-being during the labor. I think what was important to me was just the constant reassurance that everything was proceeding well and the baby was doing well and that she was tolerating the labor: just encouraging me. One of the things I had specifically asked for ahead of time was for them to suggest lots of different positions and techniques because she was posterior. And, so they were very, ‘Why don’t you try this; why don’t you go to the

bathroom again; why don’t you go outside again.’ - just kind of giving me encouragement and suggestions.”

Toward the end of labor, the student midwife and birth assistant expressed concern that Susana was getting tired and they suggested manually moving the cervix to hurry things along. “I was a little bit anxious about the student midwife delivering the baby. They all thought - the midwives and birth assistant - that I might be ready to push. So, they were trying to give me some kind of indication and the student midwife felt like there was a little bit of the lip left on the cervix, so she decided to push on it during a contraction. It was awful! I think I grabbed her hand! And, I think I had in the back of my mind that I had heard that if you pushed too early it can inflame the cervix. I asked the senior midwife to come in and check. I had kind of indicated that in my birth plan - that if I had any hesitation that I would want the senior midwife to come in.” I asked her, “So you felt more confidence in her as the senior midwife?” Susana replied, “I did. And the student midwife was looking to the senior midwife at that point, too. There was some dialogue going on between the



Susana, Erin and their midwives  
Photograph provided by Susana

two of them.” To clarify, I asked, “You were sensitive to that at that point?” She agreed: “I was. At that point, I was like: ‘I want the senior midwife to check this.’”

Later the senior midwife told her that she felt they could have left Susana alone and the baby would have arrived fine. Susana was very aware of the differences in personality among the birth team. The senior midwife was quiet and reserved, while both the birth assistant and the student midwife had stronger personalities. “I don’t think I was tired. I really don’t. I was feeling like ‘I can’t do this anymore’, but I don’t think I had reached the point of physical exhaustion. I wanted it to end! So, then she checked me and at that point I think they told me to get up again and go to the bathroom one more time and then when I came back I started pushing. It was just a few pushes, although, y’know, it always takes me a while to get the hang of it [the pushing contractions] and just, ‘Okay, this is the right way to do it’. So, they had to really coach me at that point. Because she had a little bit of meconium they delivered the head and then they made me stop pushing. For some reason, I really latched on to the birth assistant. I don’t know why - just like I wanted

her to direct the whole thing! So, as a result she was like coaching me through breathing and not pushing while they suctioned the baby’s mouth. And so, she wasn’t doing her job, which I don’t know what it was - they all had different jobs. So my friend and daughter were doing her job, whatever that was - getting stuff! There was a lot of activity! Maybe because it was so fast; at the moment of the birth. So, that was kind of fun at the last- and that’s when you’re like in total disbelief. Like, ‘I did this? It’s over?’”

Susana felt her birth assistant offered a lot of the labor support. The whole birth team played the role of “midwife” during the labor [the senior midwife, student midwife, and birth assistant]. “My confidence in her [birth assistant] really helped me there in the end. And, I had that going in. I had that confidence and trust in her going into the labor. So, that really helped me get through those last few minutes. Or maybe hours. It might have been a couple of hours of real intensity.” Because she lived closest geographically, the birth assistant was the first person to arrive. She stayed with Susana through the entire labor and in fact, once everyone arrived, no-one left until the baby was born. “No-one ever left. They stayed the whole

*“He has had the opportunity to share it with a few people. And, every time he starts talking about it he gets teary-eyed. It’s so sweet. And he’s also said to me, and he’s said to other people, that he couldn’t be more proud of me than if I’d been in an Olympic event. The way he saw it, it was just like this incredible event, this incredible strength.”*



time. I was mortified. I was like, “I’m so sorry!” For Susana this felt unusual because of her previous labor experiences in a hospital. With a homebirth, the team arrives when labor begins, stays with the mother throughout the labor and doesn’t leave the home until a few hours after the birth. The woman is at the center of their focus, in contrast to a nursing staff focused on hospital procedures, physician orders, a nursing station, or machines monitoring the mother and baby.

When describing her midwife (senior), Susana shared, “She had such a gentleness about her. [There was] something about her physical touch on me that was really soothing. So, like, after a while I didn’t want my husband to touch me anymore. I don’t know why, I only wanted

her to touch me, to put her hands on my back. There was almost an intimacy about it, but that I was really comfortable with.” Susana remembered with her first daughter’s birth that none of the nurses helped her with labor support. With her second birth, a son, one nurse in particular really helped her to cope with the labor. When she thanked the nurse as she was leaving the hospital, she recalled the nurse, “Just looking at me like, ‘So?’” And, while she wrote thank you letters to the midwives and birth assistant with this birth, it had never occurred to her to write a letter to one of the physicians. This recollection led me to ask her how she would describe the differences between her care with the physicians and the care she received with the midwives.

“I think that the level of intimacy and the level of trust – it’s really not there at all. It’s more like a professional relationship and it was more formal, more businesslike, more patient-doctor like. And, so what is the midwife relationship if I’m not a patient? ...When I first went to the midwives, there were five different midwives that were seeing patients. What I liked most about it was that everything was so normal.

Like, this is normal that you're pregnant, that you're feeling this way, that you're looking this way. Everything was just very like a normal, natural thing. That was really different, I think, than going to a doctor where they're checking to see that nothing's wrong. It's a real different approach where they're checking the normal things versus checking what might go wrong. ...I think I had an expectation of the doctor. That it was going to be safe. You know what I mean? That there was some authority there that was going to assure that it would have a good outcome."

Susana also had a lot to say about her prenatal appointments with the midwives: "When I arrived I would be given my chart. I could request which midwife I wanted to see. Then I would do my urine test and weight. I would record the results in my chart. They'd come down into the waiting area and call us, and we'd go up and talk: about how the pregnancy was going and any questions or concerns I had. They would check the baby. The baby's position and size and then they'd check the heartbeat. ...They were all a little bit different in their style. I remember one of them in particular was just so, y'know, attentive and if I mentioned one

little ache and pain she would really, 'Okay, well this is what I would like you to try' and she would just give me lots of ideas. But, she really would address every question that I had very thoroughly, y'know, with a lot of attention. It was really amazing. The experience was also different in that I felt like I was an equal partner in my care. Just like doing my own urine testing when I got there and weighing myself. There was some sense of responsibility for my pregnancy."

When I asked Susana whether she felt the birth had been transformative or whether she felt changed by the experience, she shared that she really hadn't had much of an opportunity to talk about it or reflect on it. On the other hand, she was very touched that her husband felt really positive about the experience. "He has had the opportunity to share it with a few people. And, every time he starts talking about it he gets teary-eyed. It's so sweet. And he's also said to me, and he's said to other people, that he couldn't be more proud of me than if I'd been in an Olympic event. The way he saw it, it was just like this incredible event, this incredible strength." I then asked her, "Do you feel that way? Do you feel like it was an

Olympic feat – pride in what you did?" And, she replied, "Yeah, I do. I guess on some level I kind of take it for granted that that's what I'm supposed to do."

*Susana's birth team all played integral roles in her labor. She found that she relied upon and trusted her birth assistant a great deal. While she was comfortable with the student midwife, and now feels that she did a good job of managing the birth, she was more comfortable with the senior midwife's opinion. Because she had written up a birth plan, she was able to express her needs during the labor and was assured that birth would proceed in a way that was comfortable for her. Her posterior labor was painful, but with the help of so many people, including her 12-year old daughter, she was supported and cared for in just the way she needed. The homebirth was a big step for her and her family, and in the end they were positively affected by the experience. ○*

# julie

*I first met Julie at a grassroots meeting for improved maternity care options in our state. She was pregnant with her third daughter, glowing with the joy of pregnancy. Her story is filled with the radiant, positive attitude with which she lives her life, raising three daughters, homeschooling and avidly gardening. Her interview took place on a sunny summer afternoon in the new addition of her home. Sunshine dappled through the picture windows on large southwestern pillows on the floor next to us. The cicadas had finally quieted: their 17-year mating ritual complete. As they burrowed back into the ground to await the birth of another population, we sipped tea and reflected on Julie's three birth experiences with different midwives.*

Julie was living in Pennsylvania when pregnant with her first child. "I remember when I found out I was pregnant, I thought, 'I'm not going to a hospital, I know that', and so I started looking through the yellow pages for midwives and I started asking people, and I found that there was a birthing center right there. The only person I spoke with who had been there, though, said she wouldn't go back because there wasn't pain medication available. I didn't even care – that did not affect me at all." Julie recalled the early changes she experienced with the first pregnancy as very powerful. "The moment I became pregnant I was just a different person I think. I started reading everything about it I could, trying to figure it out. And, I wasn't even thinking, I realized, about the baby during that first pregnancy. It was all about the pregnancy. Like, what



Julie and her midwife Carol

*“Get this right, this is so important.  
Everything I eat is going into that baby!  
Everything I think is going into that  
baby! I was just amazed by it.”*

is happening to me? I looked down and my breasts are touching my stomach! That whole transformation and the importance of it. ‘Get this right, this is so important. Everything I eat is going into that baby! Everything I think is going into that baby!’ I was just amazed by it. And even now, I think, ‘That’s a pregnant woman, that’s so amazing!’ And, everyone doesn’t seem to think that way, so that whole journey was just fascinating going through that.”

Julie’s first labor was only four and a half hours. It began with her water breaking and when they called the midwives, they recommended that Julie stay home and relax. However, Julie was not a typical first-time mom with a long labor. She was shaking from the intensity of the contractions that were close together and very strong. Her husband Stephen phoned the midwives, saying, “This is not going to be a long first labor. We have to come in.” It took

them an hour to get out the door because the contractions were coming so fast. “I remember just going inward right away: totally inward with every contraction. I couldn’t communicate to my husband at all. I mean, he was fine, he was right there with me and we got in the car and we raced 100 mph into the city. I remember him talking to me and saying, ‘Should the windows be open or closed?’ and I just remember one-word answers – closed! – and that was it.”

When they arrived at the birthing center, it was the middle of night in an alleyway of Pittsburgh. There was only one midwife on duty and Julie remembered her saying that she knew Julie’s labor was serious because she had to stop several times going up the ramp leading to the center. The ramp was often used to measure how far into labor women were when they arrived. The midwife suggested Julie get into

the tub after taking her vitals, telling her to relax and that she’d be having the baby by morning. “So, I’m in the tub and they had these jets. So, we turned those on at first and then I remember they pummeled me during contractions and all I could shout was, ‘Off!’ and so my husband got them off. I just remember that so clearly. And then the head started coming out. And, the midwife was in a different room – she had gone to do paperwork. My husband and I were just laboring. So, my husband runs out and gets her and she comes in to look. I said, ‘Something’s happening.’ And she said, ‘Well, the baby is coming now! You need to get out of the tub.’ There was no nurse, no back-up, no-one to help – she was supposed to have help. So, she said, ‘I’m going to go make a phone call. Quick! Get her out of the tub!’

I got out of the tub and got on the bed and I said, ‘What do I do?’ I was so overcome by the

power of this baby about to come. I did not know where to put myself and she suggested some positions. The first one didn't work and then we tried another. She always told me what to do. And I needed that because I just couldn't think. I had a few good contractions and then she said to go ahead and push. I kept wanting to bite and I was biting on my husband's finger and then he took that away and I started to bite on my finger. It was so intense with each contraction. I had this power in my mouth and finally we thought, 'This isn't a good idea.' I needed to relax. I remember when she started to come out I said, 'I feel like I'm going to split in two!' She said, 'That's exactly what it's supposed to feel like.' And it was like, 'Oh! Great! What a surprise.' I just remember thinking, 'That's exactly right.' I didn't even doubt her, 'You mean I'm supposed to feel like I'm going to split apart? Great!' I remember the nurse came in just as the baby came out and they had to grab the oxygen tank. I didn't see it actually. This is my husband's part of it: his stomach just dropped. But, it was fine. They were just grabbing it to have it nearby because it was so fast. And then she came out. Zoe was blue for just a second until she took that first breath. She had a ten apgar score! We just all snuggled and

fell asleep. I remember I threw up somewhere along there because it was just all so intense, the whole thing."

By the time of her second pregnancy, Julie and her family had moved to Virginia. She was unable to find a midwife in her area, so she drove almost two hours to prenatal appointments with a midwife practice near Washington, D.C. She arranged to deliver her child in her parents' home, which was within the geographical area where the midwives attended births. Julie and her family moved into her parents' home two weeks before her due date because their first child had been two weeks early. This baby ended up being one week late. "The water broke early in the morning, it was a little squirt. We called the midwife and she came out." Julie recalled that the birth assistant was someone she had never met. The original assistant was no longer working with the practice. "She showed up with all these herbs and things. I felt so comfortable with her as soon as she walked in. I was beta-strep positive and I ended up having some IV antibiotics in the house, in my bed. We did that once, I think. So I was hooked up for a little bit; it was kind of [a] funny [experience]. I went outside;

I was just outside a lot. It was cold for August, I remember, so I started getting cold. Stephen was with me through every contraction. The midwives were just there, I knew they were there. They were just doing paperwork and in and out and checking the contractions and telling me to relax my shoulders. Especially the birth assistant, she was really interested in the relaxing and when I was lying down she would touch my feet and rub my feet and tell me to relax." As Julie was recalling this experience she began to rub her feet. We laughed together when she realized what she had been doing.

It was tough for Julie to labor in her parents' home. She found it hard to relax and remembered at one point snapping at her brother, who had never attended a birth before. "I remember saying, 'Do not do that ever again. Don't just stare at me when I have a contraction.'" This labor proceeded slower than the first. The midwives were concerned that more amniotic fluid had not come out, and they began to suggest different positions to encourage the labor along. "So, she was encouraging different positions and things like that. And the pain was fine. I could always handle the pain okay; I didn't really need help with that. And then,

I went to the bathroom as she kept telling me to do every hour and then everything started at one time. The water broke – I thought the baby came out in the toilet! It was like I couldn't say the words almost, 'Baby's coming!' And there was this flurry of excitement. I went back into the bedroom and I called my daughter. My daughter and my mom came up. The midwives got all ready. I remember them saying, 'Go slow, go slow' and the baby just shot out – just shot right out! He put her right up to my chest and I held her there. They had to suction her with a little machine. She was having trouble catching her breath. I was a little nervous, but not really. Again, I felt so comfortable with them! And then she nursed right away just like Zoe had done. After snuggling a while, I remember taking a shower - after each of the births."

Julie lives outside of Winchester, Virginia. Their home is tucked into the hills surrounded by large mature trees and bordering a sheep farm. The deck is sheltered by an arbor, intertwined with an old wisteria, the trunk almost two feet wide. The property spans five acres and her children are often climbing trees, jumping on the trampoline and helping their mom in her extensive

vegetable garden.

At the time of the interview, her husband was busy building a large chicken coop in anticipation of the chickens that would soon be joining their household.

As Julie began her story of the third delivery, she said, "I was in my own home finally! This time they were coming to me." Again, her labor began with the amniotic fluid leaking. "I woke up in the morning with a little shot of amniotic fluid coming out and that was it. The whole family, we went for a walk up this big hill outside our house. We were just walking because there weren't a lot of contractions – just a few. We were just kind of hanging out and we checked in with the midwife and just kept touching base with her and she finally said, 'I'm just coming' – she just wanted to be here."

*"I think the most important thing with all of them was that I felt totally comfortable with them and I felt that if they made a recommendation I could trust that."*



*Photo by Joan Cestaro*

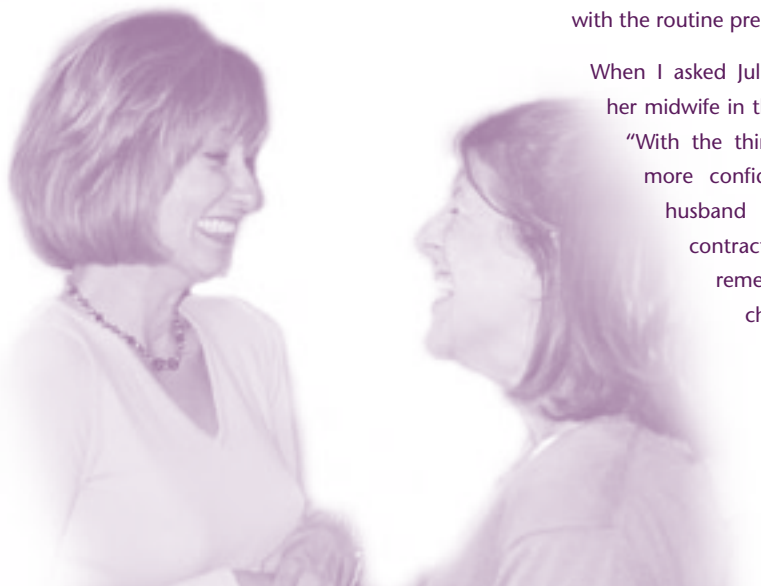
*‘She was there, everything’s okay. She’s keeping track of things, I can do what I need to do, and she’s there to take care of me’. She made sure I had fluids and things like that – she just kept checking in with me.”*

Julie’s experience with this midwife was very different from her first two: the midwife was in solo practice and they developed a close relationship through the prenatal visits. “The third time I had one woman and that was totally different – I knew I’d see her every time and I really got to know her.” She recalled the prenatal visits as a time to chat on the couch together while drinking tea, with the children at her feet on the rug, playing with toys. The visits typically lasted at least an hour, and ended with the routine prenatal exam.

When I asked Julie about the role of her midwife in this labor, she shared, “With the third labor I was even more confident this time! My husband was there for each contraction. The midwife I remember her specifically checking the heart rate – that was something she was there

for and wanting to help – she continued to check in to make sure that I was okay. And, offering touch, which was nice – I liked that. And I think she might have suggested my daughter rub my feet because I remember getting a foot rub. I knew that she was there and I just felt like, ‘She was there, everything’s okay. She’s keeping track of things, I can do what I need to do, and she’s there to take care of me’. She made sure I had fluids and things like that – she just kept checking in with me.”

In addition to the midwife, two birth assistants (one in training) attended this delivery. Julie’s parents drove out to help with the older children; a friend came to take pictures; and her brother attended the delivery as well. “It was interesting, as soon as my parents got here to take care of my two children; the contractions hit and started coming a lot quicker and a lot stronger. I remember making lunch, I was trying to get everything set for the children and when they came, I let it go. So, it was just my husband and me. A light snow had started to fall outside. And we went for a walk all around in this snow. I remembered that a friend of mine had wanted to walk outside barefoot during her labor, but she didn’t, she just



forgot about it when she was caught up in it. So, I remembered that and I took off my shoes and I walked outside in the snow barefoot. We were standing just outside the door – and the midwives could see us but we didn't know it and they were watching - and I guess I had a contraction and I had to go to the bathroom and so I wet myself a little bit between this contraction. I just thought it was the funniest thing that had ever happened! I just started laughing and laughing. I'm just cracking up. But, the whole picture that the midwives could see is that Stephen's holding me for this contraction, my stomach's hanging out, snow's coming down, he's holding me for the contraction and right in the middle of the contraction I just burst out laughing."

After coming back inside to use the bathroom, Julie's labor picked up in intensity. "We had a fire going, so we were having contractions in front of the fire. Each one Stephen would hold me - every contraction. A friend came over to take some pictures. Even though there were a lot of people, I felt much more comfortable than the second one (at her parents' home). As the labor got closer to the end, I moved upstairs. So, I was upstairs in my room and everyone came to watch and then as I hit

transition, I remember lying there having these huge contractions, lying on my side. And, I remember they were chit-chatting! [I thought], 'How could they be chit-chatting when I'm about to have this baby!'"

I added, "It was getting serious."

"So, it was really serious and I had to go to the bathroom. And, it was really terrifying. Actually, I remember sitting on that toilet and this contraction came and I had nothing to anchor myself, I was just there. I was thinking, 'I want to be back in that bed'. And, it was just really scary, I'd never really felt that. So I got back to the bed as quickly as I could and on the way I told Stephen, I said, 'Get them out! Everyone had to get out.' So, he sent everyone out and then I was back on the bed and I felt great again. I felt comfortable and Stephen was holding me from behind. It was time to get up, the baby was starting to come and Carol had the birthing stool that her father had made and I was up on that. I had to go to the bathroom again. I was terrified! I said, 'I can't go'." The midwife and the assistants offered some suggestions; including just letting it go (there were pads all around the area she was laboring). Finally, one of the suggestions felt right to Julie – a bedpan.

"I said, 'Oh! I can do that!' It was this weird thing, it was so huge for me. I even realized at the time how silly it was. So, I went in this pan, I was so thrilled, and I remember saying, 'That was the greatest moment of my labor, thank you!' And, we sort of chuckled about that. So, after that happened, I said, 'Get them. Get the children.' And, the children came in, my dad came in and my mom came in. I was on the birthing stool; Stephen was holding me from behind. I remember Carol had been checking the heart all along, and the contractions were coming so much now that when she checked one time I yelled at her. I said, 'Stop!' It was one of the one-syllable commands. One of things I remember as I'm thinking about this is the photographs my friend took. Absolutely beautiful. They're of my husband holding me and crying, they're of us going through a contraction together and the intensity of it, and then the very next picture is us laughing, just showing how you get that break. It's just so great. What was different with this one was that I was upright. With the others I had been leaning back, and always Stephen was behind me. But, I was upright on the stool this time. And, the sounds that came out of me were unreal. We heard it on the video later and I

was thinking, ‘What was that noise?’ I don’t think I realized what I was doing at the time. I remember the amniotic fluid just shooting out and spraying everybody – not my family, thank goodness! But it did the midwives and the helpers. And, Sophia came out.”

This delivery was a family affair: their oldest, Zoe, only six at the time, cut the umbilical cord. Olivia, three, was charged with telling them whether it was a boy or a girl. However, just as she came out, Julie instinctively reached down to feel what it was. Olivia chose instead to give commentary on the blueness of her skin and that the baby was smaller than she thought she would be.

I asked Julie how she felt her relationships with her midwives had affected her birth experiences and she replied, “I think the

most important thing with all of them was that I felt totally comfortable with them and I felt that if they made a recommendation I could trust that. I felt more trusting that these women were coming from the same place I was: that we had the same perspective. I really just felt like I could trust them and that they knew what they were doing. That was the most important thing to me. I felt close to them. I would share my feelings; we would talk about things during the visits. I think it helped, because they really knew who I was. So, they knew how to work with me during the labor. And I think they probably weren’t too involved. As I look back they really let Stephen and I do it mostly, but they were always there and offering suggestions some, but they weren’t really jumping in the middle all the time because they got to know me and knew that would be the best thing. I always felt like they were there – not obtrusive, but there and close.”

*At times her midwives had become more involved in her labors by suggesting positions or assuring Julie that what she was experiencing was normal. But like many of the other stories I had heard over several months of interviews, the midwives had all respected Julie’s*



*needs as they evolved. The dance between midwife and mother was gracefully choreographed, with Julie's labor as the leading role.*

Did Julie feel transformed by the births?

"I did feel proud that I had done it. And the story, I love to tell the story, I love just thinking about the story. I almost always have told people that I just sort of 'let it happen'. That was the power of letting go and letting what was supposed to happen, happen. I always wonder when I hear people have been induced or that intervene in any way, I think, 'But you don't know what was supposed to happen.' I feel like there's a way it's supposed to happen and once you intervene, you lose it; you've lost the whole process that was supposed to happen.

Each time I held that baby it was just such a miracle. It brought to my mind again how important it all is, how miraculous it all is. So, each time, it was brought to my forefront again and it put me in a totally different place. A different way of looking at the world, a different way of looking at myself and my children; and a feeling of, I think, power in letting go. And the power, I think it's carried over into me feeling more confident in lots of aspects. So, it's carried over into everything: how we live our life."

*"And the story, I love to tell the story, I love just thinking about the story. I almost always have told people that I just sort of 'let it happen'."*

*I left Julie's home with her experiences enveloping me in their warmth. She had taken charge of her pregnancies from the moment she learned the baby was growing in her womb. Julie's confidence in herself and her ability to give birth were admirable. For many women, it can be hard to reach inside and connect with the more primal parts of themselves. In "letting it happen", she had given herself over to the power of birth and allowed each child to arrive in just the way she was supposed to, experiencing the journey as it was intended to be. ○*

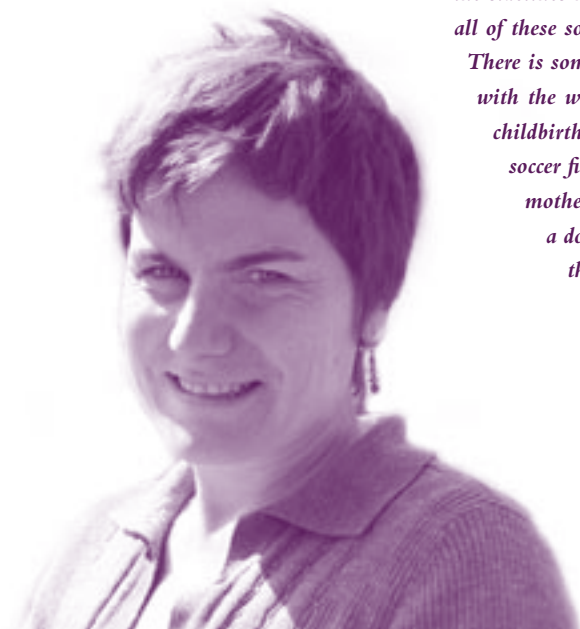
*"I had a great experience with my midwife. She was just what I needed through that pregnancy."*

# tammi

*Tammi's interview took place on a grassy hill next to a soccer field, where my second eldest daughter was playing. The shouts of parents, screech of the referee's whistle and noise of little children playing on the sidelines mingled with Tammi's quiet telling of her story. I found myself wondering, 'What would all of these soccer parents think, if they knew we were over here discussing the details of her labors?' There is something about a sunny, warm afternoon in early autumn, that feels expansive and open; with the warmth of the sun on our backs, it didn't seem all that strange that we were discussing childbirth details while moms were cheering and yelling for their children on the sidelines of the soccer field, their own childbirth stories only dim recollections tucked neatly away. Tammi is the mother of two young children, whom she has recently begun to homeschool. She has worked as a doula, is an active member of ICAN (International Cesarean Awareness Network), and at the time of our interview, was attending births as a supervised professional midwife. Her story is not only about her birth experiences, but also her path to becoming a midwife.*

Her second child was born at home in the attendance of a professional midwife.

It was very important to Tammi to find a midwife who was committed to attending her birth at home, despite the possibility of a breech presentation or even twins. The midwife she hired was a good fit. "I had a great experience with my midwife. She was just what I needed through that pregnancy. Definitely. I needed to be in control this time. I really needed to take the lead, and definitely, she let me do that. She never



once doubted my ability to give birth, or to say, ‘Well, last pregnancy, you ended up with a c-section, so chances are, you only have a 65% chance of having a vaginal birth.’ You know, she never went into that. It was just assumed that I was going to go and have a vaginal birth.”

Tammi’s birth story is a wonderful example of a positive midwife-mother relationship. Her midwife understood how important it was to Tammi to feel in charge and capable of delivering her own baby. To heal from a previous cesarean, Tammi approached her second birth like an athlete facing the ultimate physical test.

“My contractions started out very strong, but minutes apart, several minutes apart – and, by the time I called her I was out of breath from them, but they were only like 5 or 6 minutes apart. [the midwife told Tammi she was having dinner with her sister and that Tammi was doing fine and to keep on going]. Her main

thing was to keep you going and that was her way of not nurturing you too much, where you had to rely on her. Where she could just break it like, ‘You’re doing fine, just keep going.’ But then my labor went so fast she made it about a half an hour before the baby was born. But that was okay. I think that’s really what I needed. I needed to do it. I had to do it. So, she really was somebody who had to make me do it. I got resolve after I got off the phone with her. I wanted to cry, but I was like, ‘Okay, she’s not coming yet, she can’t save me.’ Y’know? I could have been at that point where, ‘Oh, she’ll come and she’ll take care of me’, but I didn’t need that. And she knew I didn’t need that, she knew throughout our whole prenatal I wasn’t looking to be saved. I needed to do this; I just had to do this. So, she bought me time to keep doing it on my own. And, she got there in time. She was there for what I needed.”

Tammi’s commitment to achieving a VBAC (vaginal birth after cesarean) was very strong. What she needed most from her midwife was the chance to experience the full sensations of labor and to feel in charge of the birth. Thus, she wanted an attendant to simply be there with minimal coaching or physical contact. “What she did physically, is that she was there to catch the baby. All that I wanted was for someone to be there to catch the baby, really. I didn’t know what I needed before then, because I’d never been in labor. I didn’t know how it’d feel to go into labor and I didn’t know how it would feel to be in labor because I’d had an epidural the first time. I just wanted her to be there.”

“Once she got there I was already pushing. I had been pushing for about 40 minutes. My friend was there who happens to be a doula, but she was there as my friend. And, she had birthed at home before. She wasn’t so sure

*"I think it let me have ownership because she is so hands-off, and for some people that's not a good match but for me it was a really good match. I needed somebody hands off. I think that if I'd been nurtured – I mean as far as smothered nurturing – where it was really the midwife leading things, I don't think that would have worked."*

where the baby was. She was going to check for me. Then my midwife came and she started to rub the back of my back. And, I just said, 'Please don't touch me,' because it was too excruciating for anyone to touch me. The entire labor, it just went too fast. And, she said, 'Wow! I can see I'm not needed here!' And, she just laughed. She wasn't insulted or anything. ...And, y'know, I'm pushing really hard and I'm making lots of noise and she reached down and she felt that Braedon was right there and she said, 'Tammi, reach down and touch your baby.' So, that's what I do with my moms now, when they're at the end and they don't know how close they are. Because, you know, I didn't know where I was, I didn't know – I could have still been dilating. I mean I knew it, that I was pushing, but I was a birthing mama at that point – and a first-time birthing mama. Wow – that was awesome, and she caught the baby."

"Y'know, I look back on it now and I didn't even look to really see him because getting through the VBAC was the first step. Then we would deal with whether it was a healthy baby or not. For me. In my mind, I had to get through the birth first because it was a VBAC, then I'd deal with the baby. And, he was fine. He did need a little

bit of O2 because it was a pretty fast birth and he was a big guy. But, it was fine. I remember I was kneeling next to my bed, and I remember looking over to my husband, saying, 'What is it? What is it? What is it?' And, he said, 'It's a boy. It's a beautiful baby boy.' So, she [the midwife] didn't even step in and say, 'Oh, it's a boy!' I didn't know that she was giving him blow by O2. Except that I happened to glance over. But, it was so natural, it was nothing. It was not scary. She told me to talk to my baby, which I did. And then I had him [holding him]. He was there the entire time. He was right there between my legs." Tammi's labor had only lasted four hours. By the end, she was kneeling in front of the bed, holding on to the sheets for traction. It was in this position that she delivered her son and achieved the VBAC she so desired.

*I asked Tammi how she felt her relationship with her midwife affected her birth experience.*


"I think it let me have ownership because she is so hands-off, and for some people that's not a good match but for me it was a really good match. I needed somebody hands off. I think that if I'd been nurtured – I mean as far as smothered nurturing – where it was really

the midwife leading things, I don't think that would have worked. So, I think because we had established that – and I never came out and said that - but you could just tell going through the prenatals that she gathered that 'Tammi' had to do this. And, so she let me do it, without her just being there too much." I added, "So, it sounds like she really knew you. That's what that relationship gave you, just her understanding you." And, she replied, "Exactly – [with] those prenatals being so lengthy."

For Tammi, this birth was a major accomplishment. I asked her whether she felt changed as a woman by the experience. "Y'know when it happened I felt like I could do it all and I still do. I feel like I've become like this much stronger woman. I've always been a strong woman, but, there's no doubt about it now – there's no turning back. I think that if I'd had a repeat cesarean after going through labor, I would have felt the same, because this labor and birth, I really took responsibility for – I think that was the difference, she let me take responsibility for my care. I knew I had done everything to set up for a VBAC. If it didn't happen, it wasn't going to happen."

Tammi and her son Braedon

Tammi's first baby was born by cesarean-section in the hospital. The doctor attempted to turn the baby from a breech position the evening before she was born, then inducing Tammi's labor the next morning. But the end result was surgery. When I asked Tammi what brought her to midwifery care, she responded, "It started with my cesarean with Regan, right before I got cut, right before I was wheeled to the O.R. When I just knew instinctively - somehow my right brain clicked on – that this wasn't quite right. There was just something, something; and I didn't know what it was, and I just knew that I had to help other women. I started looking into becoming a labor and delivery nurse, but knew that I didn't think I wanted to go that route, and then I became a doula and it was through that that I came to know about midwives and how they exist...being exposed to it in my work, my birth work."



*"Y'know when it happened I felt like I could do it all and I still do. I feel like I've become like this much stronger woman. I've always been a strong woman, but, there's no doubt about it now – there's no turning back."*



So, Tammi's path as a midwife began while she was being wheeled into the operating room to deliver her first child by cesarean-section. Her commitment to women runs deeply, and her work as a doula gave her valuable insights into childbirth. The experience with her midwife, trained traditionally as a professional midwife, was the final turn in the road that brought her to her current profession in midwifery.

"I don't know when exactly I knew. It just came. It was like an evolving process. I became a doula. And then I became a birth assistant with Birthcare (a local birth center and homebirth practice). So, I think it was in my mind, but then it was like the CNM route was in my mind. But it was like I did not want to go back to school. I have my Master's, I

have kids, and it's too hard to go back to school. I think going through Braedon's pregnancy and having a midwife work outside the system and her being okay with it and confident with it and still making sure everybody's health is key at the same time. I think I knew after - when I had Braedon for sure. I think I knew before then, during the pregnancy. I definitely knew before then, because I started my studies not long after that."

*I asked her, "How has that changed your life?"*

"It's a much heavier responsibility because you just can't call for back-up. You just can't say, 'I really don't feel well today, would you go take care of my doula client', Y'know? You can't, you just can't. The other night I got off the phone, it was 9:00 at night, with a client who really needed a question asked that just couldn't wait until the next morning: being available for them, but again letting them lead. It's got to be their birth - if it' not their birth or their pregnancy, I just....."

At the time of the interview, professional midwifery was not a legal and recognized profession in her state. The midwives attending

births, were “underground” – serving women in their community despite the risk of arrest or fines. Like Tammi, the professional midwives I had met (including one who attended my third daughter’s birth) believed so strongly in a woman’s right to experience birth on her own terms, they were willing to take steep personal risks. The call to serve women was a voice that couldn’t be silenced.

“I’ve always been underground. And it got buried! I look back and in high school, when they did ‘most likely to’ they said I was the most likely to go work for the CIA in some, like third world country in some spy thing. Y’know to do something off the normal. People already sensed that in me but I lost it during college. I lost my whole right brain during college, but I’m glad it’s back.”

I asked, “So, that’s what you feel midwifery is about? The right brain?” She responded, “For me it is. Definitely. Definitely. This month I knew when both of my moms were having their babies. It’s a lot about intuition. And you can’t analyze everything because everybody’s different. And the same thing that bugs one mom won’t respond with whatever kind of treatment for another mom. Y’know, I was

*“I think that if I’d had a repeat cesarean after going through labor, I would have felt the same, because this labor and birth, I really took responsibility for – I think that was the difference...”*

always a church-going woman, a believer in God. But, I mean it’s just more so [now]. I mean there are things you just can’t control. Having a medical degree wouldn’t make birth any safer.”

*As Tammi told me the story of her son’s birth, I envisioned the midwife intuitively dancing with her throughout the labor. When Tammi needed her, she was there – but, when Tammi clearly wanted space to feel her strength as a woman, independent of any help, the midwife easily moved away, allowing her to lead. Like delicate gossamer threads, they were connected and yet moved, stretched, and receded as the labor let itself be known. All mothers have unique emotional stories that they carry into their pregnancies. By hearing Tammi’s story and understanding her needs, the midwife allowed Tammi to push through the old and create a new story, exactly as she needed.*

*Since this interview, professional midwifery has become a recognized and licensed profession in Tammi’s state. The photos of Tammi and her son, Braedon, were taken at a celebratory meeting with midwives and consumer activists on a bright, breezy spring day. ○*

# conclusion

Midwifery care is centered on the idea that pregnancy and childbirth are normal events in the lives of women. What woman doesn't want to hear that the huge changes she is experiencing in her body are normal? The women in my study shared that their midwives encouraged them to embrace their pregnancies, to meet their labors head-on and to have confidence in their ability to birth their own babies. Midwives are trained to care for the majority of women who will not encounter complications or develop medically high-risk conditions (almost 90% of women). For the women in this booklet and others that I interviewed, this kind of care gave them a sense of normalcy, an experience of friendship with their caregivers, and they felt safe to birth in the manner that was most comfortable for them. After all, birth is a uniquely personal experience that reflects who we are as women.

One of my midwives once said to me, "Sheryl, we birth the way we live our lives. If you want to have a different birth with this pregnancy, you need to focus on how you are living your life." This was apt advice. I went straight to the library, checked out as many books about childbirth as I could find, and focused on the many ways that childbirth can look. For some reason, a story about an Amish woman birthing her fourth child in the room where her older children were sleeping, really spoke to me. She didn't have to interrupt their peaceful sleep with shouts of emergency, or shuffle them off to another house and leave them to birth their new sibling far from





them in a foreign place: she calmly greeted her labor with quiet strength and brought the new family member into their home by doing what women have always known to do. My second labor was a joyful, intense and easy experience. I kept the vision of normalcy and calm in my heart and looked to the Amish woman for the strength I was only then discovering that I too had within myself.

With midwifery care we are given the opportunity to make that personal journey of self-discovery. Who are we when we birth? What is our relationship with this new baby? Are we afraid to become a mother for the second or third time? Will the labor be slow because we need time to adjust to the new relationship that is about to begin? Or, are we in touch with our more primal side and ready to face the labor with our instincts guiding us? Is water soothing for us? Does eating a chocolate bar or listening

to rock music calm us? Will going to a hospital cause anxiety for us? Or, does the thought of a homebirth seem scary and would we be unable to relax while in labor?

With the time and attention that a midwife gives her clients, women are given the opportunity to share their hopes and fears, develop a relationship of mutual understanding and enter their labors with someone who knows them intimately at their side. By trusting women to know how to birth their babies, midwives teach women to trust the sacred and ancient passage of birth; giving them the opportunity to fully embrace the experience. The dance of birth is personal. It's powerful. And, it's an event in our lives as women that we never forget.

*"Our own inner dynamics are played out in the people and situations that constellate around us. When we come to a place of openness and connectedness within ourselves, our reality without becomes more open and connected. Trust begins to emerge – trust in ourselves and trust in the universe. This is not naïveté', but an undefensive posture toward life. It is surrendering to the journey that is uniquely ours."*

*Taken from **Dancing in the Flames** by Marion Woodman and Elinor Dickson*

# How do I know if a midwife is practicing the Midwives Model of Care (MMOC)?

All of the women participating in this project hired midwives practicing the Midwives Model of Care (MMOC). Many midwives in the United States, while trained to practice the MMOC, are unable to use their training due to licensing regulations, state law (for instance the requirement to be supervised by a physician), or employment stipulations. To ascertain whether a midwife is practicing the MMOC, be sure to set up an interview before committing to a particular practice. On the following pages you will find the definition of the Midwives Model of Care and sample questions to ask a potential caregiver.

## *The Midwives Model of Care Definition*

The Midwives Model of Care is based on the fact that pregnancy and birth are normal life processes.

## *The Midwives Model of Care includes:*

- Monitoring the physical, psychological and social well-being of the mother throughout the childbearing cycle;
- Providing the mother with individualized education, counseling, and prenatal care, continuous hands-on assistance during labor and delivery, and postpartum support;
- Minimizing technological interventions; and
- Identifying and referring women who require obstetrical attention.

*The application of this woman-centered model of care has been proven to reduce the incidence of birth injury, trauma and cesarean section.*

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For more information about the Midwives Model of Care or to order brochures on the MMOC, refer to the following websites: [www.cfmidwifery.org](http://www.cfmidwifery.org) or [www.midwivesmodelofcare.org](http://www.midwivesmodelofcare.org).

# Questions to Ask a Potential Caregiver

1. How long do you spend with your clients during prenatal visits?
2. Do you provide continuous labor support once my labor begins?
3. What kinds of labor support do you routinely provide? (massage, relaxation, aromatherapy, and hypnotherapy are all non-interventive approaches to labor support)
4. How often do you do internal exams during a pregnancy and/or labor?
5. What is your rate of transport (if a homebirth)?
6. What are your epidural and cesarean rates (if a hospital or birth center)?
7. When a woman develops a complication during her pregnancy what is the protocol that you follow?
8. What kind of postpartum support do you offer? (most homebirth services do a home visit 24-48 hours after the baby is born)

*(For additional questions, I highly recommend Ina May Gaskin's interview suggestions in **Ina May's Guide to Childbirth**, pages 307-310.)*

\* Each midwife will have her own bedside manner, philosophies, and approach to birth. Be sure to spend time getting to know your caregiver, discussing what is important to you and asking questions about the midwife's common practices.

\* Take care of yourself and your growing baby: be sure to eat wisely, exercise and make time for relaxation. All are important aspects of a healthy pregnancy. Refer to the references at the end of this booklet for excellent sources on pregnancy and childbirth.

## recommended resources

### Books:

*After the Baby's Birth: A Complete Guide for Postpartum Women* Robin Lim

*Birth as an American Rite of Passage*  
Robbie Davis-Floyd

*Birthing From Within*  
Pam England

*Diary of a Midwife: The Power of Positive Childbearing* Juliana van Olphen-Fehr

*Homebirth*  
Sheila Kitzinger

*Immaculate deception II: A Fresh Look at Childbirth*  
Suzanne Arms

*In Her Own Voice: Childbirth Stories from Mennonite Women* K. Martens and H. Harms.

*Ina May's Guide to Childbirth*  
Ina May Gaskin

*Obstetrical Myths versus Research Realities*  
Henci Goer

*Pregnancy, Childbirth and the Newborn*  
Simkin, Whalley and Keppler

*Special Delivery*  
Rahima Baldwin

*Spiritual midwifery*  
Ina May Gaskin

*The American Way of Birth*  
Jessica Mitford

*The Birth Partner: Everything You Need to Know...*  
Penny Simkin

*The Complete Book of Pregnancy and Childbirth*  
Sheila Kitzinger

*The Post-Pregnancy Handbook*  
Sylvia Brown

*The Thinking Woman's Guide to a Better Birth* Henci Goer

*Who's having this baby? Perspectives on Birthing.*  
Helen Sterk, et al

*Wise Birth*  
Sheryl Feldman and Penny Armstrong

### Websites:

Henci Goer's website  
(author, childbirth educator, researcher)  
[www.hencigoer.com](http://www.hencigoer.com)

Citizens for Midwifery  
(non-profit committed to midwifery education)  
[www.cfmidwifery.org](http://www.cfmidwifery.org)

American College of Nurse-Midwives  
[www.midwife.org](http://www.midwife.org)

Midwives Alliance of North America  
(information about Professional Midwifery)  
[www.mana.org](http://www.mana.org)

The Coalition for Improving Maternity Services  
[www.motherfriendly.org](http://www.motherfriendly.org)

Maternity Center Association  
[www.maternitywise.org](http://www.maternitywise.org)

The Farm midwives  
[www.thefarm.org/midwives/index.html](http://www.thefarm.org/midwives/index.html)

Worldwide geographical database  
[www.geographyiq.com](http://www.geographyiq.com)

International Cesarean Awareness Network  
[www.ican-online.org](http://www.ican-online.org)

Robbie Davis-Floyd's website  
(anthropologist and author)  
[www.davis-floyd.com](http://www.davis-floyd.com)

Mothering Magazine  
[www.mothering.org](http://www.mothering.org)

Midwifery Today  
(journal)  
[www.midwiferytoday.org](http://www.midwiferytoday.org)

## acknowledgments

*This book would not exist without the women who so graciously allowed me into their homes and shared their birth stories with such honesty and eloquence. Thank you for including me in the telling of your stories. I am humbled by your shared experiences: the power of your stories. I learned from each of you and left each interview changed.*

*This book would not have come into being without my experiences with my own midwives: Juliana Fehr, Anne Ganch, Gretchen Spicer, and Carol Clopper. Thank you for holding my hand, encouraging me to face my fears and dancing the dance with me.*

*My family went without quite often during the research and writing of this book. Thank you to my husband for believing in it's importance and wearing many hats; thank you to my four beautiful daughters for letting some questions go unanswered, giving up more time with Mom, and encouraging me to write this. In many ways, this was done for you.*

*May your own births some day be the beautiful experiences they can be. Thank you to my mom for being my editor, my confidence-builder and first-time reader!*

*Thank you to Dr. Anita Taylor. Your encouragement, focus and patience with me were invaluable.*

*Thank you to Sarah and Emily for helping out when needed!*

*Finally, I am grateful to Graphics & Design for offering expertise and talent in graphic book design.*

*"All of us have a story to tell. It is the story of being human, of reaching for new understandings, of appreciating mystery, and of seeking wholeness, beauty and Truth. All we need to do is to ask, and to listen."*

M.L. Randour

