

a tale of two labours

OR, AN OBJECT LESSON IN WHY IT PAYS TO BE PREPARED. NADIA RAAFAT TAKES US FROM C-SECTION TO HOME BIRTH IN TWO PREGNANCIES

ROHAN

I didn't have any fear the first time – at least, not during the pregnancy. But then, I didn't know what to expect. Regarding myself as an earth mother capable of a natural birth, I imagined it would be a cinch. Millions of women before me had done it – it couldn't be that hard.

In retrospect, I didn't have much respect for my pregnancy. I was too busy with work, moving home and supporting my partner Angus (in the midst of a personal crisis) to bother with birth preparation. A yoga class here, a birth book there was about all I squeezed into my schedule. At 36 weeks I stopped working. It was Christmas Eve. I hadn't written a birth plan nor packed my bag, and had no idea how to breathe in labour. I wondered whether I was cutting things fine.

I was. A few nights later I bled heavily and had to go into hospital. They told me I was one centimetre dilated and could go into labour that night. As I lay on the thin metal hospital bed, afraid to move in case I triggered labour, I realised how far I was from being ready to give birth. I prayed that he or she would not come that night.

My prayers worked. But the following morning, while scanning me, they discovered the baby was breech. I was told that if it didn't turn in the coming weeks I should prepare myself for a Caesarean.

One week later I went into labour. I was at a retreat centre in the

middle of the Dorset countryside – alone. My partner was in London.

In retrospect, I should have guessed from the signs. The urge to walk six miles in the crisp January sunshine, the connection I felt with the natural world, the creative surge I felt at bedtime. But I didn't. I went to bed on January 4, blissfully unaware of what was coming.

At 8am I was awoken by what felt like an icy hand squeezing and wringing my lower spine. I sat up in a state of red-alert. My first thought was the right one – but I quickly put it to the back of my mind. This was nothing to worry about, I told myself – just a few Braxton Hicks or my body reacting to all the previous night's yoga.

I showered, dressed and shuffled quietly to breakfast. The cramps, far from easing off, had intensified. It was all I could do not to cry out in pain. I opted to breakfast at the 'silent table'. At least that way I wouldn't have to either a) explain myself or b) fake it. Even so, breakfast was an effort. My face must have registered the pain, because one of the other retreatants asked if I was OK.

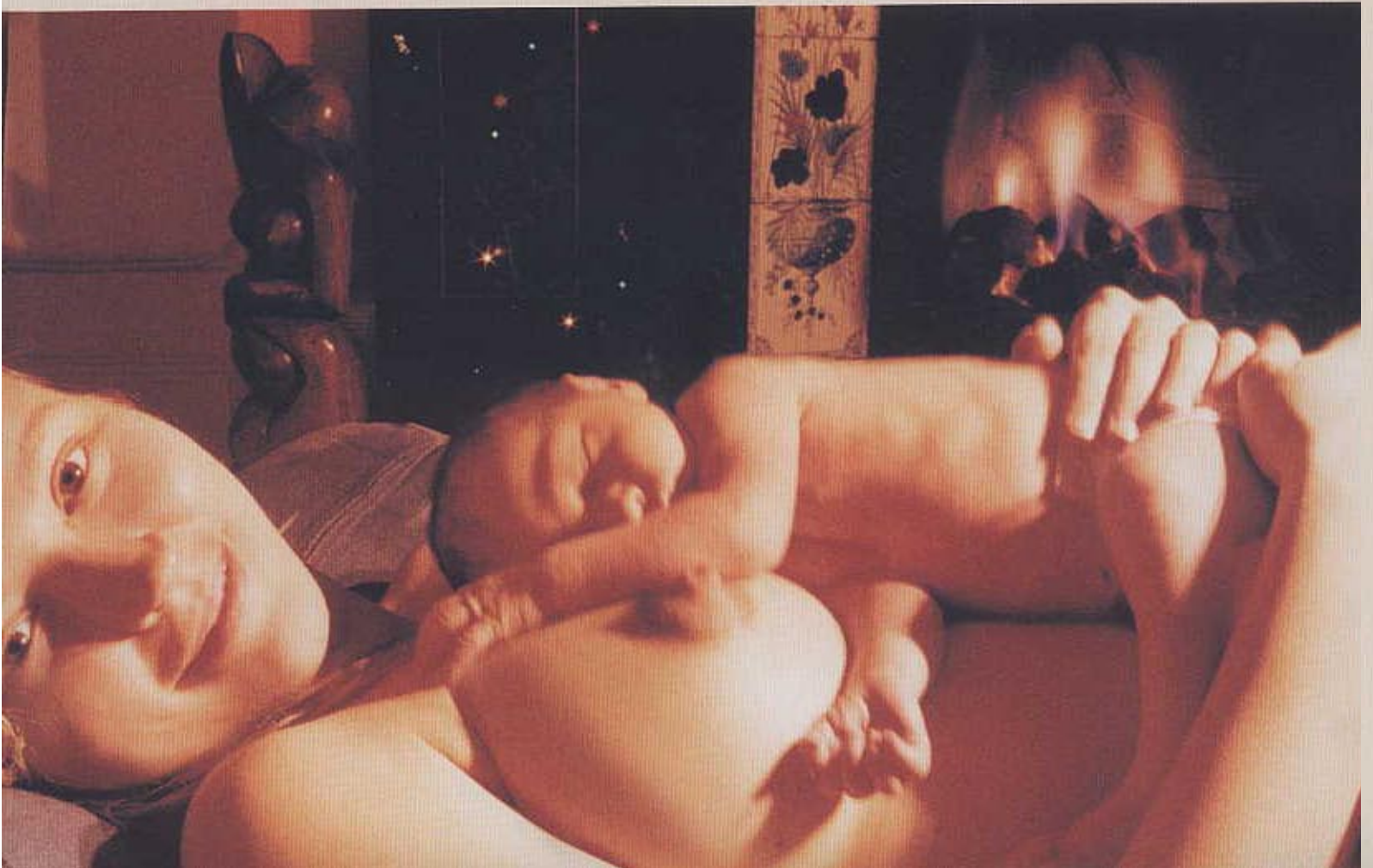
"Well, no," I whispered. "Actually, I'm not."

The news that I was labouring travelled fast. The hullabaloo served as a distraction from the increasingly nasty spasms I was experiencing as I readied myself to leave.

Bad news was waiting at the railway station. There would be no ▶



TWO HEALTHY BOYS, TWO VERY DIFFERENT BIRTH STORIES. ABOVE: NADIA WITH ROHAN, BORN BY EMERGENCY CAESAREAN SECTION, ON JANUARY 5, 2002. HER BABY WAS BREECH AND SHE WAS AWAY FROM HOME AND UNPREPARED WHEN LABOUR BEGAN. BELOW: WITH CONOR, BORN AT HOME ON JANUARY 16, 2005. HAVING A HOME BIRTH WAS THE ANTIDOTE NADIA NEEDED AFTER HER LESS-THAN-PERFECT HOSPITAL EXPERIENCE - AND SHE SPENT MUCH OF THE PREGNANCY PREPARING FOR THE LABOUR, PRACTISING YOGA, READING BOOKS, ATTENDING PRE-NATAL CLASSES



intervention would be inevitable. No wonder so few women even attempted a natural birth after Caesarean. I quickly realised that the only way I could keep the staff of the obstetric ward from intervening was to stay away from them altogether. I took the decision to have my baby at home.

Irresponsible, foolish and dangerous were just some of the adjectives used by the staff at my local hospital to describe my plans. First they said I would not be allowed. That infuriated me. I knew I had the right to choose how my child was born. Then they intimidated me with talk of emergency helicopters, stillborn babies and, possibly, my own death.

Finally, after much persevering, I was given an appointment with the community midwife. She was nice enough. She'd had all her babies at home. But she didn't want to deliver mine. She admitted that in her nine years as a community midwife, she had never delivered a vaginal birth after Caesarean (VBAC) at home. She seemed to expect something to go wrong.

Exasperated in the extreme, I decided to go private. If I was going to deliver this baby naturally, I was going to need encouragement and support – neither of which I had encountered thus far.

Step forward Annie Francis, and the other wonderful women at South London Independent Midwives. Annie may have cost me my Barbadian holiday but the woman was a godsend, with hundreds of successful home births behind her – including VBACs. She told me that in her nine years as a midwife she had never witnessed a case of scar rupture. Annie restored my faith in my body's ability to give birth naturally.

I settled down to prepare for the birth. This time I respected my pregnant state. No longer tied to an office job and already in the mother role, I embraced pregnancy wholeheartedly and explored every aspect of giving birth. I did pregnancy yoga in earnest, I saw a hypnobirthing teacher, I had reflexology, I read birth stories, I attended pre-natal classes, and I read birthing books. I changed my

diet, started swimming, I slept only on my left side, I did perineal massage. In short, I treated my pregnancy with the attention it deserved. After all, I reasoned, if I was going to attempt a VBAC, I wanted to give it the best chance.

At 32 weeks I attended my last hospital appointment. The consultant, in a final bid to dissuade me, relayed the sorry news of a patient who, following an attempted home birth after a Caesarean, suffered a serious scar rupture, with the result that her baby was born seriously brain-damaged and later died. He nearly succeeded, but I still felt unable to face the thought of returning to hospital.

I was 38 weeks and four days the night I went into labour. I reckon it was the Thai curry. Or maybe the baby was just ready to come. I fell into bed at midnight with an aching back. I put it down to Braxton Hicks contractions and fell asleep.

At 2am I was woken by familiar spasms. That's the great thing

about the second time. You have a reference point. No longer able to lie in bed, I got up and spent the next half hour on the loo emptying my bowels (another sign). I felt sick with nerves. I knew my day of reckoning had come. I called Annie, who told me to try to get some sleep. What was she thinking, I wondered, as I paced the dark hallway like a nervous animal, trying not to be intimidated by the intense contractions. When I woke Angus, my contractions were 15 minutes apart. "I need help," I whispered, "so as not to wake Rohan" (our son was two years old by this time). "I'm not coping."

It's not the pain itself, it's the anticipation of it that I can't cope with. Angus took my hand, calmed me down and guided me through the contractions, one after the other. Quake after quake shuddered through me. But with each one I uttered the mantra: "That just brought me closer to meeting my baby." Between contractions he rubbed my back and encouraged me to rest.

Around 4am, something changed in the labour process. My mind switched off. I stopped anticipating the contractions. The oxytocin and endorphins kicked in and I began to withdraw into myself. When the midwives arrived, around 4.30am, I hardly noticed them. Here at last was the labour I had instinctively felt must take place. The deeper the contractions came, the more my body began to surrender. With groggy amazement I experienced this incredible process unfolding in my body.

Just after dawn – around 6.30am – Annie invited me to feel inside for the baby's head. Tentatively I inserted my fingers, unsure what to expect. I met a warm, pulsating bulge – my baby's head! I was fully dilated, I'd made it. The second stage was under way.

I felt the first urge to push 15 minutes later while sitting on the loo. Not long afterwards my membranes ruptured and pale green water flooded out. "My baby's coming!" I screamed with delight.

From there it took just 45 minutes for my son to touch down. I didn't push. I bore down with the breath as I had been taught. And with each bearing down, I roared like a lioness. What the neighbours must have thought I don't know.

At 7.24am Rohan woke and ran into the sitting room, curious about all the noise. One minute later he saw me bear down for the last time and press my baby into the world. In my notes, next to the recorded time of 7.26am, January 16, 2005, are the words: "I did it" ●

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RESOURCES

FURTHER READING

Birth After Caesarean by Jenny Lesley (AIMS, £8.50) – information about your choices, rights and where to find support. Order from www.aims.org.uk
Natural Birth After Caesarean by Karin Crawford and Johannes Walters (Blackwell Science Ltd) – out of print but useful. May be available used from www.amazon.co.uk

WEB RESOURCES

www.vbac.org.uk
www.gentlebirth.org/archives/icar/vbac.html
www.childbirth.org/section/VBACindex.html
 ASSOCIATION OF RADICAL MIDWIVES www.radmid.demon.co.uk/vbac.htm
 ASSOCIATION FOR IMPROVEMENTS IN THE MATERNITY SERVICES (AIMS) www.aims.org.uk

VBAC – FREQUENTLY ASKED QUESTIONS

VBAC is the usual term for Vaginal Birth After Caesarean, and is pronounced Vee-back. These are some of the most commonly asked questions.

WHY CHOOSE VBAC?

It is now widely agreed that attempted vaginal birth for women with a single previous low transverse Caesarean section has a lower risk of complications for both mother and baby than routine repeat Caesarean. But each woman's chances of a successful VBAC will vary according to various factors.

WHAT ARE THE ADVANTAGES OVER AN ELECTIVE CAESAREAN?

Babies born by Caesarean are at increased risk of breathing difficulties; mothers take longer to recover from the major surgery, and complications such as haemorrhaging or emergency hysterectomy are more likely.

WHAT ARE THE MAIN RISKS OF VBAC?

- **Uterine Scar Rupture** This occurs if the old scar cannot stand the strain of labour and tears open. The mother's blood pressure falls, her pulse changes, she may experience abnormal pain, and the baby goes into distress as its oxygen supply is interrupted. The baby must be born as soon as possible by Caesarean.

- **Dehiscence** This is when the scar starts to undo, but only by a small amount, and neither mother nor baby are affected.

WHAT IS THE RATE OF SCAR RUPTURES?

Rupture occurs in between 0.3 and 0.7 per cent of VBAC labours. If a woman with a previous Caesarean has not been induced nor had her labour augmented with oxytocin, then her risk of symptomatic uterine rupture is less than one in 200. Dehiscence is thought to occur in around 1.1 per cent of VBAC labours.

ARE THERE ANY WARNING SIGNS?

Changes in the foetal heart rate pattern, which is the main reason why VBAC mothers are generally continuously monitored in hospital.

WHAT ABOUT OTHER COMPLICATIONS?

According to most experts, the probability of needing an emergency C-section for acute other conditions (foetal distress, cord prolapse or antepartum haemorrhage) in any woman giving birth, is about 2.7 per cent, or up to 30 times higher than the risk of uterine rupture with a planned VBAC.

WILL INDUCTION INCREASE MY RISK FACTORS?

Induction of labour using oxytocin (pitocin, syntocinon) or prostaglandins (e.g. prostaglandin gel, prostin) is associated with increased risk of uterine rupture. Misoprostol (Cytotec) is high risk and should not be used at all in pregnancy.

WHAT IS THE VBAC SUCCESS RATE?

According to the Association for Improvements in Maternity Services (AIMS), one quarter of women with Caesarean scars will attempt VBAC births. Around 75 per cent of those will give birth vaginally.

WHAT ABOUT HOME VBACS?

Some health professionals will not even consider attending home VBACs, others support home VBAC as a sensible choice, or believe that a home VBAC ('HBAC') can sometimes be safer than a hospital VBAC.

trains running through there that day. The nearest station where they would be, was 20 miles away. I checked the gaps between contractions – every 12 minutes. "Call an ambulance," advised my mother over the phone. "For God's sake don't attempt to board a train. Take yourself to the nearest hospital."

Although still not fully accepting of the fact that I was now in labour, the idea of giving birth on a crowded train was enough to make me agree. From the ambulance I rang Angus. "You'd better get down to Portsmouth," I said. "We're about to have a baby." I felt strangely disconnected from him so I didn't say how frightened I felt.

On arrival at the hospital I was admitted, checked for dilation

(2cm) and ushered into a sparse, ill-equipped and very chilly room, where I was left to labour. It was the last thing I felt like doing. I felt utterly alone. When the obstetrician came to see me, she said she would be willing to deliver my baby naturally if that was what I wanted. But there were risks involved and if progress was slow I would have to have an emergency Caesarean. I agreed.

For eight hours I laboured before I gave in to their pressure and my own negative beliefs. I wasn't ready, and I knew it. I did everything wrong. My breath was shallow, my movements constricted, my body tense with fear. I was completely out of synch with the process of birth. And fear proved a formidable foe for Mother Nature.

At 5pm I asked a midwife to check me again. I was only 5cm dilated. "Is that all?" I said, disheartened. In a last bid for a natural birth I asked for some gas and air. But it was hopeless – the contractions were so strong I couldn't even hold onto the mask. I simply threw up and developed an excruciating headache. At 6pm I signed the forms agreeing to a Caesarean section. On the way up to the operating table, I cried. To my mind, despite my efforts, despite the breech position, I had failed. I was not the earth mother I'd believed myself to be.

Rohan Ford-Robertson was delivered by emergency Caesarean section at 6.32pm. His Apgar scores were low, he was off colour and he'd been grazed on the way out. But none of that mattered when they put him in my arms. My son had arrived safely. That was all that mattered to me now.

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CONOR

The second time around, the fear was the first thing I felt. So much so that I sunk into a black depression. I felt sick at the very prospect of having to deliver a second baby.

I could see the attraction of an elective Caesarean. Nice and tidy. No pain, and a baby in 30 minutes. But that just wasn't me. Perhaps I was an earth mother after all. So here I was, being given a second chance to prove myself. But the

statistics were not encouraging. Only 25 per cent of women who have had a Caesarean attempt to follow it with a vaginal delivery.

I went over Rohan's birth, analysing what had gone wrong. Yes, he had been breech. But I had also been without support, frightened and unprepared. I don't do hospitals well. They're cold, noisy and bright – the antithesis of the optimal environment for birth. Because of my previous Caesarean I would be categorised as high risk; my scar might rupture, leading to possible infant fatality. That meant there would be all sorts of restrictions placed on my labour. I couldn't use the birth pool for pain relief, I couldn't have an active labour and I would have to deliver the baby within a limited time. Otherwise ▶