

Excerpt from *Cut, Stapled, & Mended: When One Woman Reclaimed Her Body and Gave Birth on Her Own Terms After Cesarean*, © 2013 by Roanna Rosewood, White Cloud Press.

I finally have the baby I wanted my whole life. He is beautiful and healthy. I'm happily married with a successful business and a house with a white picket fence. Everything is better than I could have imagined—everything but me.

In the quietest part of the night, when Ben's breathing is steady and deep and Avram's soft lips have released their seal on my breast, when I am alone with myself, tears flow. It's the cesarean. Flashes of it do not stop coming. *Why can't I let it go? Why do I cry when the end result is exactly what I wanted: a beautiful, healthy boy of my own?*

What I expected to be easy instead left my body broken. But that's not what wakes me in tears. The memory of failing Avram does. His perfect ears were formed inside of my body while listening to my promise that he would never doubt my love, that no matter what, I would be there for him. It was a lie. Even before he experienced my touch, he was stolen from the dark warmth of my womb. The gloved hands and masked faces of strangers pulled him into freezing air, suctioned his nose, and wiped his body with paper towels as he took his first breath. They took prints of his feet, tagged his wrist, clamped an alarm to his umbilical cord, and measured him.

Why must a baby be measured immediately at birth? How much can he grow in an hour?

They did a thousand little meaningless things while, with all his might, he asked for one thing: me, his home, his mother. Avram's first experience was of being abandoned. He doesn't understand that I couldn't go to him, that I wanted to more than I had ever wanted anything, and that I would have paid any price just to fulfill my promise.

Why couldn't the procedures have waited for just a few minutes so he could first experience the world from the warmth my bare

chest, complete with soft kisses and the familiar sound of my heartbeat? Footprints taken at ten minutes old surely look the same as those taken immediately after delivery, but a baby's first experience of the world only occurs once. Avram wanted me. I was not there. It's not what they did to me that haunts me, it's what I didn't do for my son.

Trying to understand what happened, I research cesareans, learning that even though the World Health Organization says "there is no justification for any region to have a [cesarean] rate higher than 10–15 percent," the hospital I was in has a rate of over 25 percent.

*Was my cesarean necessary?* I don't want to consider that it might not have been. I don't want to believe that maybe I could have tried harder. Just because the hospital I birthed at has a cesarean rate twice as high as it should be does not mean my cesarean was unnecessary. *Or does it? Were the doctors' heroes who saved my baby, or were they just tired of dealing with me and anxious to go home?*

I remember how their fancy ultrasound machine said that Avram weighed 10–11 pounds and was "too big" for me to birth vaginally. In contrast, Lauren's patient and soft hands had judged him to be 7 1/2 pounds, an almost exact match to his birth weight of 7 pounds 11 ounces. How is it that a cutting-edge, costly test can be so off when a midwife's opinion, widely considered secondary to a doctor's, nails it? And shouldn't I get a refund because their stupid test was wrong? At my restaurant, Pangea, if the food doesn't come out like the menu says, we refund the customer's money and apologize. This is customer service 101.

The more I learn, the more whatever faith I had in the system dissolves. Basic birth books—*why didn't I read these before labor?*—clearly say that lying on one's back can cause the baby's heartbeat to show distress. I remember how much I hated every



must live with the outcome for the rest of her life. Mothers must be given the right of informed consent.

Cesareans are also dangerous.<sup>2</sup> Complications may include: cutting of the baby, respiratory problems, celiac disease, hemorrhage, infection, depression, chronic pain, bowel obstruction, and PTSD.

*Who do cesareans benefit?* As a business person, I know the answer. A cesarean takes 88 percent less time to perform than a vaginal birth while producing almost twice the revenue.<sup>3</sup> If I could cut my employees' time by 88 percent while doubling my revenue, paying for this uninsured cesarean would be a piece of cake—red velvet, of course. Many people—doctors, nurses, drug companies, anesthesiologists, hospital administrators, and investors—benefit from the cutting of a woman.

It's no wonder that babies, who used to arrive at all hours of the night, and on weekends and holidays also, are now most often born on weekdays.<sup>4</sup> The ability to schedule deliveries allows staff to get home for dinner and sleep without interruption.

Cesareans also protect against litigation.<sup>5</sup> A well-known saying in labor and delivery wards is “the only cesarean you are ever sued for is the one that you didn't do.”

As I read about cesareans, my hands, repeating the habit they formed when I was pregnant, gravitate to my belly, only to find it numb and cold. They circle and press as if expecting it will recognize their caress and become warm once again. *Silly hands, my belly doesn't want to feel.*

My anger at Dr. Carver and the hospital deflects some of the shame and disappointment I feel about myself. *If only* becomes my constant thought. I detest it, but I cannot stop it. It echoes through my dreams: *If only I had transferred to the other hospital. If only I had induced on my own sooner. If only I had asked for a different doctor. If only I had eaten during labor. If only. . . .*

Despite the “if only’s” of my dreams, my days are wonderful. Being a mom brings me even greater joy and satisfaction than I had imagined. From watching Avram discover his fingers and their ability to bring objects of desire to his mouth or splash water with them to the way he laughs and blows raspberries, I am completely in love with my son.

“Is he really beautiful?” I ask Laureen. He looks picture perfect to me, the kind of baby seen on magazine covers and in movies. I don’t actually care if he’s beautiful. I would love him just as much if he were ugly. I just need to know if I’m delusional. “All mothers think their babies are beautiful, even if they are ugly, right?”

“He is one the most beautiful babies I’ve ever seen,” she tells me.

I believe her.

Like a magnet, Avram draws everyone to him. In a matter of months, my mom decides Colorado is too far away and moves to Ashland to be closer to us.

Before Avram, I paid little attention to what seemed to be the insignificant details of life. Now they are everything. Where before I would eat whatever I felt like eating whenever I was hungry, now that I am responsible for a whole other person, it seems important to make three healthy meals every day, to go outside and get fresh air, to keep the house spotless, and to wear seatbelts.

My thoughts, previously confined to what would be my own eighty some odd years on the planet, now stretch forward in fear and hope to unborn generations and back, in gratitude, to those whose sacrifices brought me here. We open retirement and college savings accounts and write wills. Recycling, donating to environmental groups, and building community suddenly matter to me.

With parenthood comes a lifetime membership to the parent’s club. As part of the club, I can immediately, without needing reason, strike up a conversation with any member. “How old is your son?” “Ohhh boy, look at him crawl!” “How do you get him to eat

yams? Mine doesn't like yams." It's insta-friendship. Where before I thought parents were the odd ones, now I realize that non-parents are the ones who just don't get it. They can't. There is no way to understand how all-consuming and identity-changing being a parent is without becoming one.

Invited to join a small moms' group, I find myself, for the first time in my life, spending time with a group of women. We meet once a week. While our children play together, we talk about parenting. It's fun to compare notes and to watch Avram interact with other babies.

But these women don't just talk about parenting; they also talk about womanhood and feelings. I do my best to divert the conversation back to something feeling-free: recipes, the weather, the merits versus dangers of binkies, the abundance and consistency of babies' poop—anything but feelings. Sometimes this tactic works. Other times, they smile indulgently at me and, without missing a beat, continue their conversation.

When they talk about birth, my throat swells and my eyes burn. To hide my reaction, I find things in the other room to occupy my attention. I know that each of them birthed naturally. If I told them about Avram's delivery, they would be kind and supportive. But I don't want kind and supportive. I prefer tough and unconcerned.

With this weekly women's group, most of my social time is now spent with women, but I still relate more easily to men. Had I expected having a child would change that? Maybe. Would birthing naturally have changed it? I'm not sure. Maybe it's naïve to think that something as commonplace as birth would change the true north of my compass.

Breastfeeding does soften me, though. I hadn't expected to like it at all. What could be fun about sitting around having one's breast sucked? In a word: oxytocin. It pumps through my system as Avram pumps milk from me. Ferocious at first, he works to get the milk flowing. Once it does, everything else fades away; there is only the

two of us. He looks into my eyes, moaning “mmmmmm” in satisfaction. Doped with love, we are as high as two stoners on a binge, delighted to do nothing but explore each other. He ever so gently touches my face, investigating my mouth with his fingers. I caress him back, ruffling his unbelievably soft hair, watching the roundness of his cheek as it pumps my milk into his body. This is the best.

I hadn't thought much about breasts until now. They had been average-sized oranges that willingly flopped along with me without comment. Now heavy, melon-sized protrusions, each one bigger than Avram's head, they have their own agenda. To start with, they leak. I might glance down while ringing a customer up on the register to see two round wet spots on my shirt. This can sometimes be prevented by pressing hard into my nipples with my palms—a maneuver that becomes so habitual that only when I receive a strange look do I remember the grocery store isn't the best place to grope myself. And when my breasts tingle—look out, I need to nurse now! There is no stopping the tingle flow. I drop whatever I'm doing and head home to Avram, who, across town, like magic, started fussing the moment the tingling began.

Ben's parents come to visit. When my father-in-law, seated on our couch in our living room, asks of our nursing, “Can't you do that somewhere else?” I half stand to leave the group conversation and nurse in another room. But the cover of my mother-in-law's glossy fashion magazine, lying on the coffee table, offers reason to pause. A woman is on the front. Her lips pout, her eyes have a dopey expression, and her breasts are more exposed by her minimalist top than mine are while nursing. Why should the sexualized breasts displayed everywhere in this culture, from beer ads to magazine covers, be acceptable while mine, feeding my son with the best nourishment in the world, are hidden away?

Deciding that other peoples' discomfort is not my problem, I respond: “Perhaps you'd prefer to focus on the breasts in that

magazine while I nurse.” In my defense, I say it sweetly. In his, he leaves the room without further protest.

Until this exchange, I had never been much of an exhibitionist. Now I see that my breasts are more than entertainment for Ben; I recognize them for what they are: powerful super food makers. Where I used to modestly cover them, now, regardless of my surroundings— airport, restaurant, park, or grocery store—when Avram is hungry, I feed him openly.

Why, even though it’s widely accepted that “breast is best,” are bottles still the norm? Determined to normalize breastfeeding, as part of my personal protest I walk up to strangers, Avram contentedly nursing in my arms, to ask them random questions: “Excuse me, do you have the time?” “Any idea where a grocery store is?”

I watch as they struggle to contain their reaction, to not let their eyes drift to my exposed breast. I don’t do it to only to make them uncomfortable. I do it because I want to live in a world where women and their babies are not ostracized to bathrooms to nurse every two hours.

I can nurse and knit, nurse and walk, nurse and shop. If it were safe, I could even nurse and drive. (Don’t ask how I know.)

Settling into our family bed one night, Ben, whose sense of humor is questionable, looks across the bed at Avram and me, quietly nursing, and says, “You’re like a built-in cow.” Not wanting to disturb Avram, I lift my other “nummie” (Avram’s word for both a breast and nurse) and, squeezing it gently, shoot a stream of milk at Ben, who scrambles out of bed even faster than he jumps into it when I’m naked and inviting. Avram finds this worthy of pausing his meal to grin conspiratorially at me. I grin back, my breast still cocked in Ben’s direction. Sheepishly, Ben admits defeat. To signal that it’s safe for him to return to bed, I let go of my nipple.

In this moment, “Nummie Woman” is born. No longer a mere mortal, I am a super hero. In addition to being able to quiet the

loudest screaming baby, I can send grown men running with my enormous built-in, milk-squirting nummies. Well-primed, they can reach a good twelve feet. What they achieve in distance, however, they lack in aim, sending bystanders and foes alike ducking for cover.

Almost two years since the cesarean, just as the first crocuses arrive after a long and cold winter, I begin daydreaming of having another baby.

My body must agree, because I immediately miss my period. When the pregnancy test comes up positive, I'm so excited that I send Ben to the store for another package of tests, just to be sure. Though he would have been satisfied trusting the initial results, he remembers how well his refusal to go to the store when I was pregnant with Avram worked out for him. So he grabs the car keys without protest, returning with multiple tests to assure that he won't be sent out again. When the second test comes up positive, I believe it, stashing the others away in the back of the linen closet behind the towels.

We tell Avram there is a baby in my belly. He does not seem impressed or find it worth mentioning to others. This is good because, remembering the multitude of calls and the stress I felt as Avram's due date passed, we decide to wait to tell others about this pregnancy. And this time, I lie about the due date, telling people it is two weeks later than it really is. And, without being asked, I add that I will be having a VBAC.

"Is it safe?" they ask.

Overflowing with statistics, I passionately tell them: "One half of all women who undergo a cesarean suffer complications, and their mortality rate is two to four times higher than those who birth vaginally."<sup>1</sup> Their eyes dart about looking for an escape.

Quoting Stella, whose midwifery training has made her into a passionate birth activist, I try to make them understand: “Surrounding a woman with masked strangers, putting her on her back with her legs up in the air and shining spotlights on her, and then expecting her to do something as intimate and vulnerable as giving birth is about as logical as expecting a man to ejaculate under the same circumstances.”

Like sheep, they cling to comfort: “As long as the doctor says it’s okay.”

This response infuriates me. *Why is my opinion irrelevant? Doctors may be experts on birth, but I’m the expert of my body. I’m the one who will go through birth. I’m the one whose life and whose baby’s life are on the line.*

“Our system is broken,” I respond, trying to pull the medical gauze from their eyes. “Medical errors are the sixth leading cause of death in America. Though we spend more than any other country in the world on maternal healthcare,<sup>2</sup> our odds of dying in childbirth are greater here than in forty-nine other countries.<sup>3</sup> And they are getting worse. They have doubled in the last twenty years.”<sup>4</sup>

By this point the listener has remembered something that needs his or her immediate attention and makes an excuse to flee.

*Don’t they understand what is happening? Women are being sacrificed for profits.*

I sound, even to myself, like an extremist, like someone who should be featured on *Coast to Coast* or seen standing on a soapbox. It would be so much easier if I could stop thinking and questioning, if I could simply accept and believe, if I could learn to “baaaa.”

Without hesitation, Ben and I ask Laureen to be our midwife and are delighted when she agrees. A trial of labor is still standard protocol for a woman who has had a cesarean. The only difference is that a second, fully certified midwife will assist Laureen instead

of the usual apprentice. Her name is Laura Roe. As the second midwife, we don't see much of her, but she's gregarious and easy to like. We hit it off with her immediately and have no concerns about having her at the birth.

This pregnancy takes on a completely different flavor than the last one. I do not invite anyone to the birth. It will be only the midwives and me and Ben. While appointments for my first pregnancy were full of small talk and chatter, these are serious business. In addition to prenatales, I take vitamins E and C, as they help to strengthen the amniotic sac. I don't want to end up needing to induce because of prolonged membrane rupture again.

My hospital birth plan is detailed. It specifies, among other things, that as few staff as possible will come and go in the room. I will not be offered pain medication or be asked to change out of my own clothing. No tests, interventions, or procedures will occur without my permission and a midwife consult. The lights are to be kept dim, the hep-lock, used to administer drugs quickly in an emergency situation, delayed until absolutely necessary. I will be examined at minimal intervals and in whatever position I happen to be at the time. My baby's heart tones are to be read only with a Doppler, not an electronic fetal monitor. They will not shave me, strip my membranes, perform an episiotomy, or use forceps, a vacuum, or Cytotec.

In the event a cesarean is advised, a second opinion will be provided and I will be allowed to continue laboring for as long as possible. Unless it's an emergency, I'm to remain awake and alert. Only necessary medical people are to be in the room, no students. My hands are not to be strapped down. My baby's placenta and umbilical cord will remain intact until I decide they are ready to be cut. The baby will be given directly to me to hold, without being cleaned first. The cut will be low and horizontal. It will be closed with double-layer suturing.

These are just the highlights. My birth plan goes on for five pages, specifying what to do in case of a premature or sick baby, stillbirth, and maternal death. For me, the plan is a relief, a way to reach into the future to take care of myself and my baby, a map to guide my caretakers in case I'm overcome with labor or die. Most of it I copied from birth books, but one rule I came up with on my own: no one but me or Ben is to announce the sex of the baby. After nine months of wondering "boy or girl?" I want to discover this new person on my own.

Though I don't know it, my plan is every obstetrician's worst nightmare. Later, in Dr. Marsden Wagner's wonderful book, *Born in the USA: How a Broken Maternity System Must Be Fixed to Put Women and Children First*,<sup>6</sup> I would come across the Reciprocal Natural Childbirth Index and laugh at my naïveté. Apparently birth plans, along with hyphenated last names, advanced education, new age music, checking ones own cervix, and driving late model Volvo station wagons, are hilarious and reason enough for doctors to joke about skipping a trial of labor to bind and cut women "during regular working hours."

Table 1. THE RECIPROCAL NATURAL CHILDBIRTH INDEX	
<i>Add points as indicated if the woman:</i>	
Goes into labor Friday afternoon	5
Checked (or husband checked) cervix at home	5
Arrives in a late-model Volvo station wagon	5
Has a hyphenated last name	5
Husband has one too	10
Is insured by a managed health care plan	5
Has more than 4 years of college	5
Either parent is a physician	each, add 5
Either parent is an attorney	each, add 10
Insists on calling all staff members by first names	5
Brings own naturopath to assist	5

Has a written birth plan, per page add	5
Spend more than half of labor in the shower	5

Source: A.Berg. "The Reciprocal Natural Childbirth Index," Journal of irreproducible results 36, no. 2 (March/April 1991): 27

Discussion: We have found that a Reciprocal Natural Childbirth index score of 30 or greater should earn the woman in labor immediate consideration for cesarean section. In fact, since you can get a score of 30 without even being in labor, someone with a high enough score could be offered a C-section at her convenience during regular working hours.

My home plan is one brief page because most of the details from the hospital plan are irrelevant to a home birth; midwives intervene only as a last resort. The single unusual piece in my home birth plan is: in order to remove the focus on time and progress that hounded me during Avram's birth, Ben will cover all the clocks in the house. The midwives will have watches and pay attention to time and progress. But they will only do minimal checks. With no pressure from external timelines, I trust that my body will follow its own rhythm.

We go over Laureen's records and the hospital transcripts from the cesarean line by line. We look for reasons and write lists of "this time." I am dismayed to learn that I was given a single-layer suture. Originally used on sheep, it's a newer and questionable practice used to save time in the operating room. Theoretically, it could increase my chance of uterine rupture, which, though rare (less than 1%),<sup>5</sup> can result in death. I would need immediate surgery. The transport time to the hospital would be too long to assure safety for myself or my baby. I think of my scar and the sharp pains that I still get deep in my core. *Are they a sign that something is wrong?*

To be sure that the placenta isn't located over my uterine scar, which could lead to dangerous complications, I agree to Laureen's recommendation and arrange to have a partial ultrasound. At the beginning of the appointment I hand the technician Laureen's orders

for “placenta location only.” Seeing that the technician is probing not just around the scar but all over my belly, I ask, “What are you doing?” “Just checking fetal size,” she replies nonchalantly.

“No. I only want to know if the placenta is on top of my scar.”

“There’s a whole routine we do. We need to make sure the fetal growth is on schedule and the heart is pumping properly.”

*My midwife can do that with her hands and fetoscope*, I think.

“My provider wrote ‘placenta location only’ on the order,” I tell her.

“It’s policy.”

“It’s *my* body.”

Meeting my eyes with hers for the first time, she says, “I’ll have to ask.” Exhaling loudly, she stands and leaves the room. She and her co-workers mill around for a while discussing the “crazy, hormonal, pregnant lady who won’t let them do their job.” (Okay, I wasn’t actually close enough to hear them, but the impression is so vivid in my mind that I’m sticking to my story.) Meanwhile, I lie there fuming that the medical system assumes the authority to make decisions about my body.

The tech, returning with a form attached to a clipboard, says, “You’ll have to sign this AMA form.” The form specifies that I’m leaving against medical advice and that horrible things like death or disability for me or my fetus may result. Ironically, these are the same possible side effects I had to approve when I agreed to the cesarean. Either way, whether I do what I want or what they want me to, they won’t be held responsible.

For a moment, I contemplate birthing in a hospital. If something went wrong, the hospital would be the best place to be. But being in a hospital can also cause things to go wrong. Statistically, birthing at home will lower the risk of interventions. Interventions lead to complications, which tend to lead to more interventions. I remember how, during my labor, the hospital’s bright lights, uniforms, strangers, and infantile rules about candles made me feel. I

remember how the contractions slowed each time the nurses or doctor came into the room.

Stella sums it up best: “Don’t have anyone at your labor who you wouldn’t poop in front of.” Though I prefer pooping in private, since Avram came along, doing so is a rare luxury. Avram sees and smells me poop almost every day. He should be at my birth.

I don’t want to go back to the hospital. I want to be in my own space, surrounded by people I know, trust, and care for. Even though I’m afraid of uterine rupture, I believe the safest option is a natural birth and I know that my best chance for a natural birth is at home.