**Jill’s Birth Story – Our Plan for Dayton**

I met Jill and Mike on a balmy afternoon in early May on their front porch. Jill was 33 weeks pregnant with her first child and we had been introduced through a mutual friend. This was our first face to face. We sat down and Jill asked me to explain a bit more of my philosophy in doula service, what does a doula do? and where I thought we should go from here. They had registered for a childbirth class through their hospital that they were signed up to take, but had a lot of trepidation about the unknown and the mounting horror stories of labor. One of the first things Jill asked me was what my feelings were on epidurals. She liked me, she said, but she was interested in pain management during labor and would this be a problem for me. No, it wouldn’t be a problem, I said. Part of what I’m trying to build is a tailor made birth experience – cut to fit each woman and her partner. If we covered all of the educational points, prepared she and Mike emotional and psychologically for what was coming and pain management was still a concern, then it needed to be included in what we designed for a birth plan. Deal. Actually, the one who really sealed the deal was Tiger, the cat, who fortunately for me, decided I was worthy of a cat nap on the porch – which he evidently didn’t do with strangers. We shook hands and agreed to meet the following week.

We continued meeting over the following weeks to fill in the gaps and begin building a positive plan and imagery of birth. I gave them various reading assignments including Ina May’s Childbirth Stories and the Thinking Woman’s Guide to a Better Birth. We installed carseats, swaddled stuffies, reviewed helpful yoga stretches to incorporate into daily life, talked about breathing, obgyns, pain management, birth plans, early labor signs and what to do, childbirth videos, breastfeeding basics, intimacy during birth, extended family, meal plans, support systems, pet adaptation to baby, vaccines, hospital questions, etc. It was an amazing amount of information and it was a lot of fun to do together. The weeks passed and we were soon meeting twice a week to be sure we covered everything before June 26th, the due date. Jill continued visits to her ob, but grew increasingly disillusioned with the plans and limitations for her at birth. She read a lot of the literature I offered her and became much more involved in advocating for herself. What she found was that the hospital and doctor she had hoped to have at her side would instead pose considerable obstacles to the birth she wanted. She made peace with the possible limitations and began strategically planning to labor at home, eat a big meal before going to the hospital and bring with her, hidden water bottles. From this mindset, the birth plan emerged and everything was ready. So we waited….and waited some more!:)

Jill and I had begun walking during the last three weeks before the birth – as early in the morning as she and I (and the kids) could get it together. During our walk on the 2nd of June, I asked her routine questions about her body – how was she feeling, anything new going on or coming out. She said she’d had some light cramping the night before and now had slight cramping now and again. Oh, really I said? Could I time it? Sure, she said. And we noted that she was contracting every 3 minutes for about 10-20 sec – early labor had arrived! A week later, but here it was! I suggested she go home and take a nap, to rest up for what was to come. We agreed to stay in phone contact throughout the day. She had a preplanned dr. appointment set for 3pm where she would tell me what was going on. We hugged and she left for home and me for work. At about 4:30pm, she called to tell me that she had dilated to almost 4cm and was 70 % effaced! Her previous check the week before had been ½ cm and 50% effaced. Her contractions were stronger now and they were on the ride home in the car to labor at home. The appointment had also noted another variable to consider which was that the amniotic fluid level had dropped to 3.5, which was dangerously low. She had been given the okay to go home since she was already in labor – a true gift to what we were trying to accomplish in a natural birth! I was at work and told her I would go home, eat with my family and meet her. I called at 6pm and headed over.

When I arrived at their home, Jill was in the bath tub relaxing. The contractions were now coming every 3 minutes but lasting 50 sec. They were more intense, but she was still talking. We talked about labor, pushing, my kids, what was in the labor bag I had packed and her breathing. We had moved to the next stage of intimacy and vulnerability for Jill. It was time to start the mothering and trial and error. I began stroking her hair and arms and crooning during contractions a bit. I suggested she get out of the tub, when the contractions seemed to intensify – it was good to walk around I said. Her contractions were now lasting 1min 4 seconds at a time every 3 minutes. She got out of the tub, peed and headed to the bedroom to lay on her left side on the floor. At this point I began to massage her lower back, which felt good. My hand remained there the rest of the labor. Jill was good about letting me know what worked and what didn’t – which really helped me do a better job of comforting her. During our time upstairs, Mike was downstairs prepping the home for our departure. As she would labor, Jill would remember things that needed to be done before we left and send messages via me downstairs. At about 8:30pm, Jill had reached her limit and thought it was a good time to head to the hospital, since it would be a drive to get to Katy. We loaded up and with the exception of a pause for contractions every three minutes, we headed downstairs and to the car. In the car, Mike drove and we labored in the back. The contractions heated up and Jill held tightly to the emergency handle above the door as I held her back. We arrived at the hospital reasonably quickly and Jill and I got out while Mike parked the car. We headed up to labor and delivery and though we’d called ahead, there was no awareness that we were coming. We got in to a labor and delivery room and began to put our things down. What happened next was a mini-miracle as Nancy walked in to our lives for the next 6 ½ hours. Nancy was our labor nurse and completely believed in what we were trying to do. She had Jill lay down to do the required EFM for 10-15 minutes. Jill was very sleepy and would semi-doze during rest periods between contractions. She checked Jill’s cervix since we were on pins and needles to know how much progress had been made through the afternoon. She was still only 4cm, but 100% effaced. Jill was disheartened to think of how far she still had to go, she wasn’t sure she could continue and wanted to begin considering medication. Nancy guided her forward suggesting she walk around for the next 45 minutes and she would be fully dilated – don’t concentrate on the number, honey, she said – you’re paper thin and just need gravity to help move things along. I suggested we try this and if there wasn’t significant progress we’d get the anesthesiologist in here quick. Jill agreed – she felt comfortable with this compromise. We set to work pacing the labor room. It was at this point that Jill’s spontaneous labor ritual of leaning and rocking her pelvis back and forth in a mock walk began to incorporate Mike too and we became a clockwork of contraction management. A contraction would come, we’d all head to the window, Jill would lean and begin rocking and walking in place, I would have my hand on her back and coach her breathing and praise her progress, and Mike would hold her hand and pet her. When the contraction ended, she would ask for a rag to wipe herself which I would get, then a drink of water, which Mike would get and then head into her pacing until the next contraction hit. The contractions grew in intensity – Jill was now really uncomfortable and moaning deeply at times. Nancy came back in after the forty-five minutes and checked Jill again. She was now 8cm dilated! What amazing progress! She still needed to be monitored with EFM, so we were stopped to check on the baby though the contractions were very strong now. Jill remained in the bed from this point on. She was still very tired and after talking to Nancy and checking her urine color and volume after she peed, we decided that she needed IV fluids. She progressed to 9 ½ cm, but couldn’t seem to get past a piece of the cervix that clung to the baby – not a lip though. It was 2am, and Jill’s uterus was giving less effort with the contractions – getting tired. Nancy suggested we consider putting a tiny amount of pitocin in Jill’s drip to give her uterus some “umph”. After discussing the pros and cons we decided to do it. Jill’s waters still had not ruptured and I would have preferred to go that route first, but felt confident in Nancy’s guidance. The drip started and we waited for it to take affect. At 2:30am things started to heat up again. With Nancy’s help the baby cleared the cervix and headed down – though transverse (head turned sideways). Nancy instructed Jill to push with the contractions. Jill was now on her back with legs pulled close to her armpits during contractions. Mike and I would lift her legs and hold up her head as she pushed. This turned out not to work as each time she would push she would get very dizzy and almost pass out. I held an oxygen mask to her face and Mike held a pseudo plastic bag that she could breathe in and out of. We tried on numerous contractions to help Jill to push and she continued to feel dizzy. She got very frustrated with this and finally figured out her own solution, laying her head back to push. She pushed until we saw the baby’s head begin to show in the vagina. It was exciting progress. The doctor came in (the one on call – not her doctor or the back up doc) and immediately decided that Jill needed an episiotomy. At this point Jill had not crowned or come close to crowning. She commented that there was no way a baby was coming out of this hole and look at the perenium. She deadened both sides of Jill’s perenium before we could even confirm what she planned to do. She said Jill would need an episiotomy and after a brief consultation, Jill decided that that was okay. The episiotomy was done and out came Dayton William Dix. – 7lbs 13 oz and 20 ¼ inches long at 3:39am, July 3rd, 2009. He was an amazing little soul from the moment we met him, observing the world extensively. The cord was cut immediately and Dayton was taken away for “procedures” and wrapped in double blankets. The placenta came out and then some clots of blood 20 minutes later. Jill was roughly sewn up – and commented a couple of times about discomfort. The doctor was very disconnected from Jill on the other end of the vagina and continued pulling and sewing at break neck speed. Once Dayton had been worked over for about 10-15 minutes, they brought him over to Jill. We peeled away his layers to give him access to the breast. He had no diaper on and had had a meconium poop that was all over the blankets and Jill. He still had a lot of mucus in his mouth and throat that needed to be cleared before he could focus on nursing. Once he had calmed down from that, he latched on well and became peaceful listening to his mom and dad coo over him. We stayed in the L/D room for about an hour before being moved to the postpartum room. Dayton was taken for his 4 hour layover in the nursery. We all laid down and dozed. I woke up at about 7:30am. I stayed with Jill and Mike until 10am when I headed home to check in on family and relieve David.

I made many subsequent follow-up visits with Jill and Mike to assure good latching, smooth transitions and question and answer opportunities. It was a great first birth experience for me. I learned a lot and enjoyed building a relationship with Jill and Mike. I saw first hand what a difference support could make during pivotal times for Jill and felt renewed in my desire to offer this to as many women as I could.