

The Worst Day of My Life

LABOR ROOM LUNACY

by Cynthia Eller

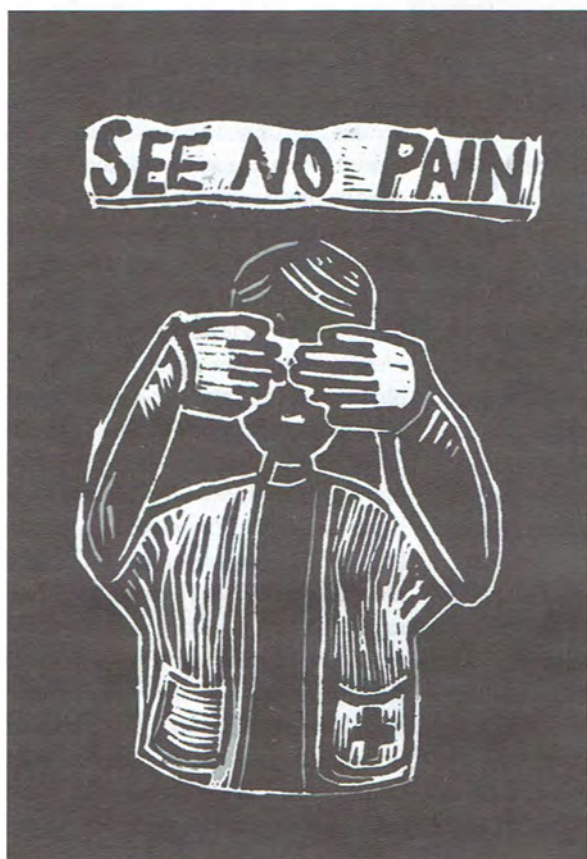
I NEVER PLANNED ON HAVING a beautiful birth experience. At thirty-five, I had seen a lot of friends and relatives go through childbirth, and not one of them said that she was really glad she had taken the time to make those tapes of all her favorite songs or that it just wouldn't have been the same if she had left her fuzzy pink socks at home. I figured it's a black hole: you just dive in and hope that you surface again. I had one priority, and that was to live through the experience. If I came out with a live healthy baby, so much the better.

Of course, I considered my options. I had friends who had their babies at home. Hell, I had a friend who could sit and sip herbal tea while a mixed-sex crowd watched a video of her pushing a bloody eight-pound baby out from between her legs while squatting on her bedroom floor. But I just felt I had a better chance of achieving my goal—not dying—in the hospital. No one would have agreed to deliver me at home anyway. I was what they call a geriatric prima gravida: a thirty-five-plus first-time mom.

We did go to Lamaze class, my husband Jon and I. We snickered through the entire thing. Literal giggling fits. I didn't want to think about labor. It was scary! Besides, I just could not be brought to believe that practicing these breathing exercises would make a scrap of difference when push came to shove, as it were.

I nourished my denial, fed it a steady diet of rationalizations. But of course I had dreams too: dreams in which I was Amazon Birthing Woman, and nightmares in which everything went wrong and then got worse. I just tamped them down because, really, what was the point?

Then things *did* get worse. At thirty-two weeks, I developed preeclampsia. I was sent home to lie on my left side for the remainder of my pregnancy. At thirty-seven weeks, in a constant state of fear and panic over my health and that of the baby, I checked into the hospital. I lived in the antenatal ward for three days with a twenty-year-old woman who had the same first name as me. Now this Cynthia had problems: her baby wasn't viable yet, and she had persistent bleeding from an extra, uninhabited placenta located in her extra, uninhabited uterus. Remarkably, she seemed to take this in stride. I was the one pulling the curtains around my bed and burying my face in my pillow for my one thousandth good cry. I just could not reconcile myself to the fact that it was me lying there with a potentially fatal complication of pregnancy. I had



always imagined myself having a robustly healthy, utterly natural, glowing earth-mom kind of pregnancy.

I couldn't take it anymore. Dr. Bridges, my obstetrician, in what I assume was an act of mercy, agreed to induce labor even though it wasn't really medically indicated. I was perfectly stable, if not exactly healthy, and presumably could have lain on my left side for another week or two or three ... as long as it took for nature to take its course.

Monday night, on Labor Day (how appropriate), a resident walked me down the hall and inserted a balloon catheter into my cervix. It's this little rubber device that exerts steady pressure against your cervix, forcing it to dilate. Getting it in was no picnic, and I had the opportunity to impress myself with how well I withstood pain. The resident told me that the balloon catheter might put me into labor, or it might not, but that unless the whole thing fell out, I should just assume that the big event wouldn't happen until the next day, and I should rest as best I could.

Of course I was far too anxious to find out what would happen next to actually sleep. Not to mention that I had several feet of rubber tubing dangling out of my vagina, thus impairing my ability to think of anything else. I had contractions which scarcely hurt at all. I timed them, I scribbled the intervals on a dinner napkin while lying—as always—on my left side in bed.

At six a.m., a nurse came to take me to the labor and delivery ward. Jon and I walked behind her through the labyrinthine hospital hallways. Now, of all the things that annoy my husband about me, my need to convert every event in my life into a



statement about my fundamental character—or more often, my lack thereof—has to be in his top three. I knew this, but I couldn't help myself. "I can't believe I'm about to find out what sort of childbearer I'm going to be," I whispered under my breath.

"It's not a contest," he hissed at me.

But really, I think he didn't understand, couldn't understand, what I was talking about. You grow up as a girl, if you pay any attention at all to what the adults around you are saying, you are treated to a seemingly infinite number of birth stories. My mother's conversations on the telephone; standing around the kitchen with relatives after Thanksgiving dinner; endless baby showers at the church. I heard how this woman was in labor for twelve hours, this one for thirty-six, this one

barely made it to the hospital; how this woman had Demerol, this one had a spinal block, this other nothing at all; how this baby came out with the cord around its neck, this one was eleven-and-a-half pounds, this other looked fine and then died ten hours later from a congenital heart malformation. And then there were people's opinions: that you'd be fine so long as you had wide hips, that breech births weren't as dangerous as doctors said, that women who screamed while in labor were selfish since they only upset everyone else on the ward (this last opinion was my mother's). It was a whole vast territory of possibility, and all I wanted to know was where I was going to sit on this map. Would I be a screamer? A stoic? Someone who dilated seven centimeters in an hour and then popped the baby out in two pushes? Someone who labored fruitlessly for hours on end? It felt like the last great mystery in my life, and here it was about to be answered, in a matter of hours.

The answer, when it came, was not pleasant. I was a screamer. Also a dreadful whiner. And if I hadn't been paralyzed from the waist down, hooked up to a fetal monitor, an IV, a Pitocin pump, an epidural pump, a blood pressure monitor, a pulse monitor, and an oxygen tank, I would have killed every fucking doctor in the place. With my incisors alone.

True, I hadn't imagined much, had forced myself not to imagine much, but this was not what I had imagined.

When I arrived in labor and delivery, they laid me down on the bed, hooked me up to the machines, pulled out the balloon catheter, congratulated me on achieving three centimeters, and prepared to rupture my membranes and start pumping

me full of Pitocin. I didn't see why all this was necessary since I was already having steady contractions. The resident—the same one who had inserted the catheter the night before, and who had therefore been on call altogether too long for my tastes—told me that I'd never progress at the rate I was going. He said that he would leave and come back in fifteen minutes, at which time I would recognize the sense in what he was saying.

Fifteen minutes later, I still did not recognize the sense in what he was saying. But I could see that this was not my game we were playing, and I gave my consent. With a tremendous pop and whoosh, my membranes were ruptured, and there was no turning back. My baby was on her way into the world.

The first contractions on Pitocin were a lot stronger than any I'd had the previous night. Jon and I experimented with the things they taught us in Lamaze class. Within an hour, still at three centimeters, we skipped up from the early labor breathing exercises to the transition breathing exercises. Then I started requesting an epidural. Well, actually, I was pleading and whimpering for an epidural. While waiting for the anesthesiologist to arrive, I learned a new breathing exercise, courtesy of Nurse Nancy, who I was fully prepared to marry as soon as this ordeal was over. Jon had been an amazing coach—and I do mean coach, pulling out every pep talk in the book to get me through each contraction. But he finally had to step back and let Nurse Nancy in. She grabbed me by both arms, and while I looked into her eyes, panting and hissing, I realized that this was how big the world was now. If I thought



hard, I could remember that we were in a hospital in New Jersey, that there was a parking lot outside, that it was daytime, that it was September. But like my uterus, my world was contracting, contracting, contracting, and its only safe center was Nancy. She seemed to appreciate that I was in pain, and I felt very grateful to her for that. In between the last two contractions that I endured without benefit of anesthesia, scenes from war movies played out in my head, bloody contorted bodies strewn across a battlefield. I wondered if this was what it felt like to step on a land mine. I screamed, I panted and hissed, and screamed again.

Maybe that's what finally got the anesthesiologist in there. Although you could make a strong argument that Dr. Bridges betrayed me several times over that day, I nevertheless

reserve the deepest wells of my hostility for Dr. Dorian, the anesthesiologist. He breezed into my room, trailed by a fawning resident, and explained that he would be inserting a needle into my spine, that I would feel pressure but no pain, and then he did something—I have no idea what, since I couldn't see back there—that delivered the most incredibly searing pain directly into what felt like the epicenter of my being. It quickly radiated out and then dissipated completely. He told me that was it, that in a minute—literally a minute—I'd be feeling no pain. He seemed very pleased with himself, and he loped out with his fawning resident right behind him.

By the time the next contraction hit a minute later, there had obviously been some improvement, because I wasn't screaming. But I was the merest fraction under the screaming threshold, and that just didn't seem right. Everyone I knew who had an epidural told me that there was *no pain*. "We sat there watching TV," one friend told me. "I could feel that I was having contractions, but they didn't hurt." I told Nurse Nancy that it still really hurt, and she got Dr. Dorian back in the room. He came very quickly, obviously annoyed. He'd done his job right—what was I whining about? "I'm still in a lot of pain," I said. "Well, I can give you more epidural," he said, nodding and looking back at his resident as if to say, "This one probably cries when she clips her fingernails." "Please," I said. So he jacked it up a bit. And fifteen minutes later, when he dropped by, I asked him to please turn it up some more. "Is it really supposed to hurt this much?" I asked him. He mumbled something under his breath, turned up the pump, and took off.

For the next three hours, I laid in bed having contractions at one-minute intervals. Nurse Nancy departed for a hospital meeting. Jon went to sleep in his chair. I panted and hissed and tried not to scream. I wanted my mother to be proud of me. And I'd already blown it pretty badly at that point. Women all over the delivery ward were probably hating me right then for upsetting them.

Finally I decided that this was really more pain than I could gracefully endure, and I buzzed for the nurse who had taken over for Nurse Nancy when her shift ended at noon. I waited. And then, imagine my surprise—and Jon's too, when he woke up with a start—to see that there was not one nurse, but five or six doctors bursting into the room, running toward me in their squeaky white

rubber shoes. "I think I need some more epidural," I said, wanting to make sure that they knew that. They ignored me. "Turn off the damn Pitocin!" someone yelled and a resident scurried to comply. One doctor put her whole arm up my vagina—or so it seemed—and began pushing on the baby's head. "Get on your left side," she said. "I can't move my legs," I told her. Without a word, two doctors stepped in, and they started hauling my lower body to one side and then the other. Much more efficient. Then a nurse ran into the room with a syringe and made a beeline for my upper arm. "What are you doing?" I asked. "What's that?" "It's something to stop your labor," she said. "It's called breathine. We give it to women who are in premature labor." "Why are you stopping the

labor?" I asked. No one answered.

Finally, after several more minutes of pushing and wrestling with my body, the doctors seemed to breathe a sigh of relief. The nurse who had injected me explained that the baby's heart rate had dropped too low and so they had to stop the labor. "Why is my heart going so fast?" I asked. I was on a pulse monitor, so in addition to feeling the blood hammering in my veins, I could hear it going *beep beep beep* a hundred and forty times every minute. "It's a side effect of the breathine," she said. "But see, your baby's doing fine, look at the monitor." Indeed, she was doing fine, her heart pumping away in near synchrony with mine. I also caught a glimpse of the tape that had been recording my contractions. From steep one-minute peaks and



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valleys, it turned into a continuous mountain range that went on and on and on for fifteen minutes or so.

The doctors took seats in a semi-circle around my vagina, which, oddly, didn't embarrass me in the least. Dr. Dorian wiped his brow. Anyone could see he was all tuckered out. "Some women have uteruses that contract very strongly," he said. "You appear to be one of those women." "Duh," I thought, "tell me something we didn't know five hours ago when I was screaming my bloody lungs out and begging for more epidural." But I didn't say anything.

Then the doctors left, and the most miraculous thing happened. I had contractions every three minutes. I could feel them, but there was no real pain. "This is it!" I thought. "Labor with an epidural, just like everyone said it would be." It was a piece of cake. An hour later the new nurse popped her head in the door. "I just wanted to let you know that the resident will be in in a minute to turn the Pitocin back on." "What?" I yelled. "Are you crazy? I'm having contractions, I don't need the Pitocin." "Yes," she said patiently,



"but the doctor feels that the Pitocin should be turned on again." "I don't care what the doctor thinks," I said, "I'll have a C-section before anyone turns this pump on again!" She shook her head. Another crazy one. She went and got the resident. "Why don't you want the Pitocin on?" the resident asked in that voice reserved for especially recalcitrant children. "Because I'm having contractions without it," I said. "We really feel you should have the Pitocin on," he said. "Well, I really feel that if you try to turn the Pitocin on, I'll unhook every one of these tubes and go have my baby in the parking lot."

Jon kept trying to shush me. He's not one to get nasty with authority figures. So instead he chimed in, the voice of reason: "Do you think you

could just check and see if she's progressing without the Pitocin? She was up to four centimeters when you turned it off." So the resident, humoring us, checked. "Hey," he said, "Five centimeters! That's great!" He went away, and came back every hour, saying "Six centimeters! That's great!" and "Seven centimeters! That's great!" and "Eight centimeters! That's great!"

At five o'clock, Dr. Bridges, my trusted obstetrician, finally walked in the door. "Thank God you're here," I exclaimed and started to pour out my story. She interrupted. "What did you think you were doing?" she demanded. "You're not the doctor here, you're the patient." She stuck her hands up in the air, turning them back and forth and spreading out her fingers: "You see these hands?" she asked rhetorically. "You're not getting a C-section with these hands."

"I never wanted a C-section," I said.

"I know what you told the nurse," retorted Dr. Bridges. "You don't get to decide when you get a C-section, that's my call."

I had a piece of green oxygen tub-

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"They grow up so fast!"

ing up my nose and I hadn't had a bath in three days. I wanted a drink of water. I wanted my old body back so I could get up off that bed and march out, because I totally didn't want to do this anymore. I considered continuing to defend myself to Dr. Bridges, but I could see I was getting nowhere with her.

Jon took over: "We just thought they should check her to see if she had progressed before they turned the Pitocin back on. That's all." Somewhat mollified, Dr. Bridges walked over and started looking at the tapes spitting out of the fetal monitor. She looked at the mountain range of contractions, she looked at

my baby's heart rate dipping ever farther down, and she said, "This should never have happened. I've got to talk to some people about this." And she left.

She came back an hour later and sat in a chair next to the bed and helped me breathe through my contractions. She was fabulous, even better than Nurse Nancy, who was just under God in my estimation. I told her I really really wanted to push, and she told me I couldn't, not yet. She went to the cafeteria for dinner and returned in an hour. She did an internal exam and asked me accusingly if I'd been pushing. I said I hadn't. Then she told me that on the next

contraction she wanted me to push, just to see if I'd be able to do it. She got her hand up on the baby's head, and when the contraction came, she said, "Go ahead, push." I tried to, but the fact was, I'd spent the last two hours trying *not* to, and I couldn't quite get the hang of it in the space of a single contraction.

"You're not going to be able to push this baby out," she said, snapping off her rubber gloves. "We need to prep you for a section."

"Oh shit," I said, "damn, damn, damn."

"What are you complaining about?" Dr. Bridges asked. "This is what you wanted all along." I bit my tongue. This woman was going to be hovering over my naked flesh with a scalpel in her hand in a matter of minutes. I didn't feel I could afford to alienate her.

Dr. Dorian wheeled me into the operating room and the nurses started prepping me for surgery. Dr. Bridges came in, and everyone in the room—except me; my thoughts were elsewhere—began talking to each other about where to buy a good lawnmower and what little Benjamin had asked for for his fifth birthday and how those Yankees were doing. When everything was set for the big moment, Dr. Bridges sent someone to get Jon. He walked in wearing blue scrubs and sat down in a chair by my head. "How are you doing?" he whispered, squeezing my hand. "I feel weird," I said, "like maybe I'm going to have a seizure or something." "You're fine," Dr. Bridges said flatly, not looking up from her work. The resident looked nervous. They had a whispered conversation that I couldn't hear. I felt them pulling and tugging and working away, and about two minutes later, my daughter was being carried through the air toward

the pediatrician whose table was set up in the corner of the room. She was stunningly beautiful. I was shocked. I had known theoretically that there was a baby involved. But in the part of my brain that doesn't put things into words, I knew for a solid fact that there was an enormous bloody tumor in my abdomen that had nearly killed me. And yet there she was, a gift, a blessing, a benediction.

And then, just as quickly, she was gone. The nurse called to Jon, "Come with us, get your camera, you'll really want to see this part." "Wait for me!" I wanted to say.

Sewing me up took quite some time. Eventually the nurses wheeled me into recovery. About a half hour later, Dr. Bridges appeared and insisted on giving me a hug. I think this was by way of apology. It's a clever way for a doctor to apologize, because she doesn't have to say she's sorry, and she doesn't have to admit she was wrong.

Finally they brought Sophia to me. She was all bundled up in a receiving blanket. I peeked under her tiny T-shirt and her napkin-sized diaper. She was perfect. She was alive. All during those weeks of lying in bed on my left side—really from the moment I was aware I was pregnant—I kept waiting to miscarry or deliver prematurely. Somehow I felt certain that the only thing between my child and death was my determination to keep her inside and safe ... which was a tall order, since I knew I had no control over this. But once she was in the world, I knew right away that she was determined to stay alive on her own account, that all we needed to do was smooth her path.

The nurse came soon after and took Sophia off to the nursery. A nurse eventually came to get me too, four hours after the surgery, wheel-

ing me to my bed in the maternity ward. When I started to get up off the gurney, she yelled at me to stop. "I'll do that," she snapped. "You don't move." I don't know why that, more than anything that came before, was so terrible. But it was. I started crying and I couldn't stop. I told the nurse, between sobs, that I had just lived through the worst day of my life, the very worst day of my life.

I heard myself saying this, and I felt just awful. This was the day my perfect daughter had been born! It was the *best* day of my life! What was I saying?

People—lots of people—sympathized when I told them my story. It wasn't one of the good ones (though hardly the worst one either). "That's

just terrible!" they said. "But it doesn't matter; all that matters is that you have a beautiful, healthy baby with ten fingers and ten toes." My pain, my fear, my rage and frustration, when placed on balance with my healthy child, was supposed to recede into nothingness. I was not supposed to speak of it again.

I don't want Sophia to ever associate what I went through with how I feel about her, because to me they are two completely separate matters: Sophia, and how I first came to meet her face to face. Getting on five years later, Sophia still amazes and delights me, and the day she was born is still, hands-down, the worst day of my life.

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Sophia is now six years old. The second child we were determined not to have (partly because I didn't ever want to be pregnant or go through labor again) arrived last May. She, like her sister, is a wonder. I had a healthy pregnancy followed by two days of agonizing labor with my trademark very long contractions (two to three minutes at a stretch, five to six minutes apart). At forty-two hours and four centimeters, I wept for the mercy of an epidural, accepted a small amount of Pitocin, and three hours later had my daughter Lucy in the tried-and-true, out-the-vaginal-canal way.

As I prepared myself for this labor (with hypnosis tapes, yoga, and as much positive thinking as I could muster), I said over and over again that I didn't care if I had another C-section, so long as the people who were with me were interested in hearing my opinion on things like how I felt, whether or not I was in pain, and if I believed, on balance, that an internal fetal monitor might be a good thing right then. I got what I wanted, thanks to my very capable midwife Tina Alessi, who knew when to go for a laugh and when to go for drugs; my doula, Heather Baek, who I believe was sent to this earth to help women through childbirth; and my husband Jon, who talked and talked about all the beautiful places we have been (significant because in all these places, I was not in labor).

I like to think that if I had ended up with another C-section, I would have been philosophical about it. But I've surprised myself with the degree of satisfaction and downright pride I have taken in my VBAC (vaginal birth after Caesarian). It wasn't a test of character, I know, but when Jon and Sophie picked me up at the hospital to take me home, I remarked that I should be bronzed and put out on the hood with a laurel wreath on my head.

I wouldn't recommend having another baby as a means of dealing with a previous birthing trauma—they're with you a bit too long for that—but I can honestly say that having a VBAC with supportive professionals was an even more effective means of dealing with the trauma of Sophie's birth than writing this essay was. And this essay helped a lot.