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JUST DO IT

LUCY AND CHRISTOPHER AND KATELYN

Lucy was thirty-seven and Ken was thirty-eight when Lucy gave birth to Christopher and Kate-lyn. Lucy is a level-headed woman full of common sense, born and raised in Canada. She was a perfect candidate for a midwifery model birth, but because she was carrying twins, I consulted with an

obstetric specialist during the pregnancy and labor. The med-ical model played a role almost from the beginning. Lucy is pragmatic, willing to do whatever it takes to get the job done.

Although the situation required extensive medical intervention, Lucy did not complain. It was our constant commu-nication that made this birth integrative. Frequent visits, open discussions about the pregnancy and labor, and the personal at-tention of her doctors

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kept Lucy informed
and involved.

An integrative physician also has the humility to learn valuable lessons from each birth. Lucy's birth reminded me to honor a mother's need to see her babies as soon as they are born. When births are primarily techno-medical, we may too easily overlook a mother's fears—fears that are only relieved when a new mother sees her baby and knows all is well. The more technology is involved in birth, the more a physician must consciously

respect the family's
emotional needs.

Prenatal care when a woman is carrying twins is quite different than for a single baby. We had to make sure that one of the twins wasn't stealing all the nutrients from the placenta and depriving the other of its chance to thrive. We did numerous sonograms as Lucy's due date came closer, measuring both babies to make sure they were growing equally and sharing their space. The last sonogram, done about three weeks before

Katelyn, Lucy, and
Christopher

LUCY: We had talked about getting pregnant for a couple of months. Andrew, Ken's son, was twelve, and we weren't sure we wanted to have a baby since he was going to be grown and gone pretty soon. I had been pregnant once before and had miscarried. We had been married for a year, and I thought, "If I don't do it now . . ."

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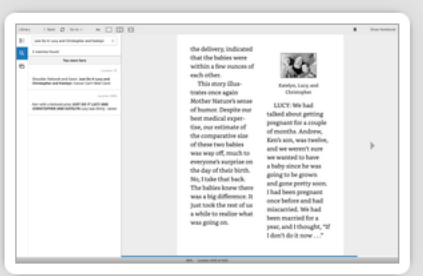
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Mind you, my mother didn't start having babies until her mid-thirties and continued well into her mid-forties, so I wasn't concerned about age because I'm fit. It was more of an issue of Ken and I having time together.

I went off the pill and I was pregnant within two months. We thought it was going to take a while and had planned to move to a bigger house. We didn't want to get pregnant until maybe a year after we actually started trying, but it turned out

okay.

I felt sick and my breasts hurt, so I came to Dr. Kerr's office for a pregnancy test. I was about four weeks along. I didn't feel sick for very long, but the first trimester was very strange. At first we thought maybe we had the wrong date because the morning sickness stopped so early and I gained ten pounds in the first month. I thought maybe I wasn't feeling well because I wasn't riding my bike. Normally I would ride about one hundred



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and fifty to two hundred miles a week.

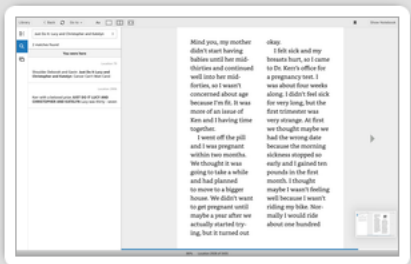
We got a sonogram because we were unsure about the dates, and the last thing on my mind was that I was having twins. There are no twins in either family. Even when I got the sonogram, I thought it was a split screen and I was just seeing the same fetus twice. I really did!

“We have twins!”

“We what?”

Both Ken and I were sitting there. It was Ken’s birthday, too. It sure took a bit of getting used to! I was in shock driving back to work and all that day. When I got home, we were both dazed.

Our alpha-feto-protein (AFP) blood test came back abnormal, even for twins, and we had to go get an amniocentesis. That wasn’t as bad as I thought it was going to be, because everybody says that it hurts so much and it really doesn’t. I mean, it hurts like a bee sting. So it wasn’t bad. They had a problem with one because the placenta was on top and they had to go through it to get to



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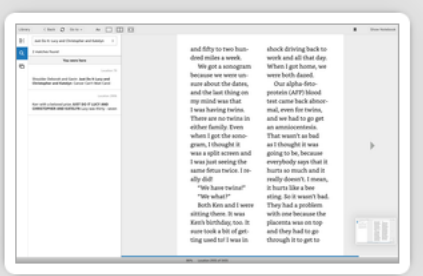
the sack. He tested Christopher, put dye in to avoid testing the same one twice, and came out. Then he tested Katelyn.



*Getting an amnio-
centesis is a choice,
not a requirement.
It is a procedure
that carries a
small amount of
risk to the preg-
nancy, so it must
be well considered.
But Lucy wanted
to know and be
prepared for any*

*abnormalities, so
she chose to accept
the risk and get
the test done.*

I was terrified. I thought they would both have Downs syndrome, the double whammy. I was in tears every night. I could hold it together all day at work, but even that was hard because everyone knew I was waiting for news. The dialogue was, “Have you heard yet?” and, “No, I don’t want to talk about it right now. Leave me alone.” I would just lose it by



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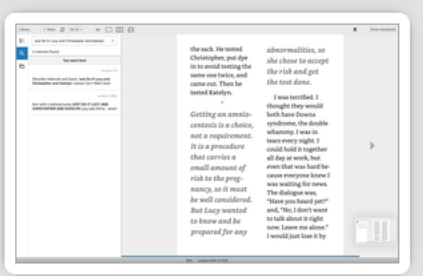
the end of the day. It was ten days before we got the results. Ken called Dr. Kerr's office and said I was going crazy, so she called the lab directly to get the results. We found out the babies were both okay and what they were, boy and girl. The rest of the pregnancy was a breeze, emotionally.



One of the problems with amniocentesis is the anxiety of waiting for results. Make sure your provider

will call you as soon as the results are available, and try to find out just when that might be. Don't be shy about asking for answers.

That last month of pregnancy was very tiring because of the weight. I was huge, and it was uncomfortable to do anything. Ken cleaned the house and I'd come home and go to bed. I'd put my feet up, watch TV, and fall asleep.



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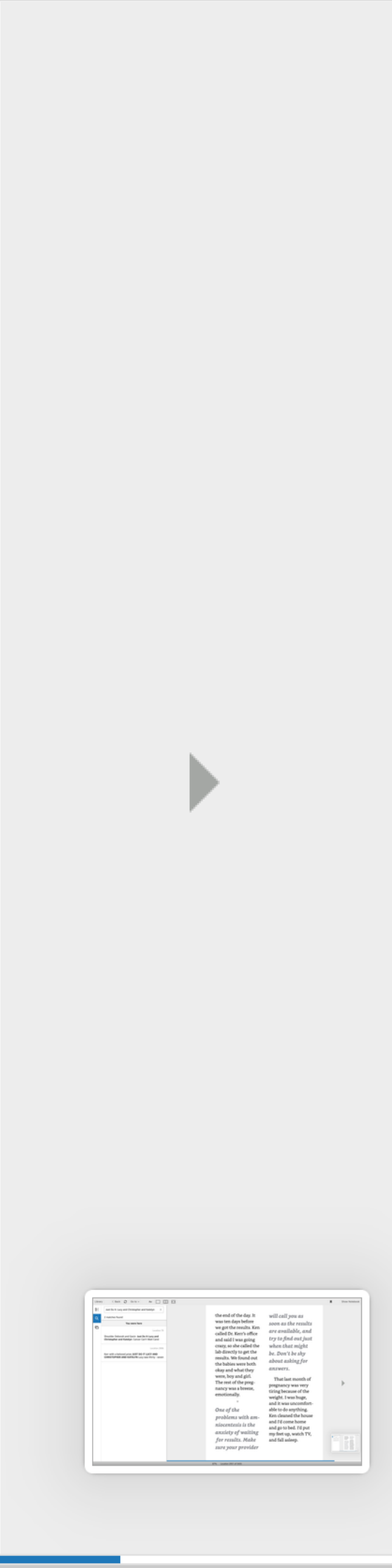
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I worked until three days before I went into labor. I'm an accountant, but I was up and about at work a fair amount, which was good. I was getting some exercise with walking, but I wasn't lifting. The kitchen was a fair distance from my office and I was drinking a lot of water. The people at work would leave the bathroom by my office open for me because when I had to go, I had to get in there and get in there fast.

I knew that with twins, I would likely deliver about three weeks early, so I quit work about three weeks before my due date. I had been home for three days when I woke up one morning and thought I would just stay in bed. I had done way too much the day before and thought I was just tired. I was going to get up and pack my bag for the hospital and get everything ready. That was my plan for that day, but it never got done.

When I woke up I had a cramp, like a menstrual cramp. Then a couple more. That's all it was. And I



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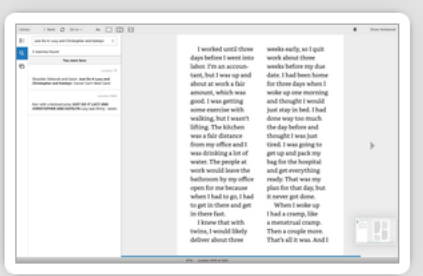
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thought, “Something’s adjusting.” No big deal. When I got up I wasn’t sure if my water had broken or if I had just lost control. I really didn’t know. So I smelt it and there was no smell. And I thought, “Well, okay. Maybe the amount of water I’ve been drinking is just flying through my system.” It leaked for a while, so I paged Ken, “I think I’m in labor. I’m not sure though. Nothing hurts. I just think my water broke.” So he says, “Well, let me know. Get yourself down to the hospital.”

I didn’t call anyone else. I thought by the time I reached someone who could take me there, they’d be swarming all over me, and I hate that. Then when I got to the hospital, I got mad because I couldn’t find a parking spot. I never thought about pulling up by the front door and having my vehicle moved later. They told me they would have done that but I didn’t know.

It’s probably not the smartest plan to drive yourself to



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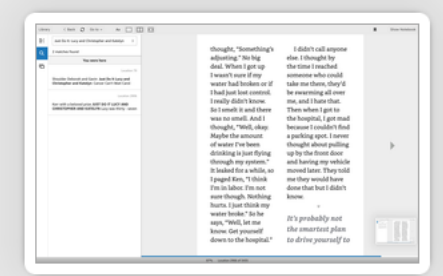
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the hospital when you are in labor. Even though it may feel like early labor, you never know how it's going to go, and it is safer to have someone else drive.

There was a man there who had just pulled into a spot and I asked him, “Please, I’m in labor. Can I please have that spot because I’ve been driving around for a while!” and he just said, “No.” And I just felt like ramming him

with my Suburban. I thought, “You ruthless jerk!” So I went and parked down the street and walked to the hospital. And when I walked in, one of the admitting people noticed I was in labor and got me a wheelchair.

By that time I was having more cramps. I never thought they would be that mild. It was shocking because I really thought that they would be a lot stronger. They took me upstairs and did that paper test. “Yep, that was your water.”



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And I started leaking again.

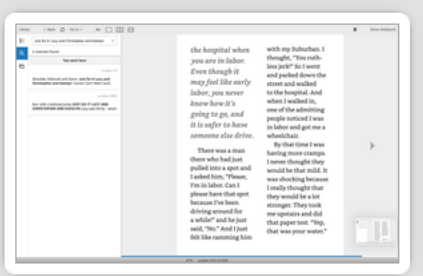


Nitrazine paper will turn dark blue if it contacts amniotic fluid. We look into the vagina with a speculum and if fluid is pooling in there, we touch it with the paper and watch for the color change.

Then the contractions got bad, fast. The only thing I could think of was

just trying to get through each one of those. I was trying to be natural and just get through them, but when they told me I was only two centimeters dilated, I got depressed. I got some medicine, and it worked for a little while. It calmed me down. I felt the contractions in the front and back. I don't know if that's possible or what, but it sure felt like it. I had either Ken or my sister-in-law pushing on my back as much as I could.

It seemed like I dealt with this forever.



I have a high tolerance level for pain. And it hurt. They came so fast, one right after the other. It felt like they were continuous.

DR. KERR: When we checked her cervix after another hour or two, it was still only three centimeters dilated and the babies were still very high in her pelvis. The obstetrics specialist who was consulting had no idea why she wasn't dilating with all those contractions. It didn't make sense to me either. She was handling labor well and it all looked like it should

be progressing.

So far we had managed to have a relatively noninterventional birth, other than the single dose of Nubain, but what we were doing wasn't working. After we discussed the situation with Lucy and Ken, we all agreed to give her an epidural and use Pitocin to stimulate labor that would hopefully bring the babies down and dilate the cervix.

LUCY: Getting the epidural was hard. I felt sorry for the doctor trying to get

it in because the contractions were so bad and I was so tense. I couldn't relax, I was sweaty, and I had to arch my back and round it. I couldn't do that because my stomach was so large. I didn't realize that I'd have to do that. My stomach felt like it was twice the size of normal.

There's quite a misconception with epidurals that they are dangerous to get. I don't know if they are but that's just what you hear. But when you experience that kind of pain, you don't

even care. I wanted out of that situation. Maybe if I had made great progress and was closer to delivering, I would have tried to do without it. I do wish I would have had the opportunity to do it naturally, because I'm never going to have it again and it would have been nice to have one that way.

I felt like I was cut short because I went through all that work, I got to that point, and then there was nothing. I got my children, but it was very anticlimactic. But by that time I was feeling

I did sleep after I got the epidural, but Ken said I would whimper every time there was a contraction. I sort of knew what was going on around me but not totally.



If labor is too painful, and you are unable to relax in between contractions, then you are less likely to be able to open up for the baby. Sometimes an epidural

allows a woman to relax enough to let the contractions do an effective job of bringing the baby down and dilating the cervix.

DR. KERR: Two hours later, Lucy had a fever, she was shaking all over, and she really felt horrible. The twin on top, Christopher, had a dangerously rapid heart rate of 210 for about half an hour. After talking with Ken and Lucy, we decided to do a Cesarean section. I still did not un-

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derstand why things were playing out this way, but often the answer becomes clear during the surgery. I could only hope it made sense once we had the babies out safe and sound.

LUCY: I tried to push a little, but I was having a hard time just getting some muscle control to do that. Dr. Kerr said I could try pushing for a little while to see if things changed, but if they didn't I'd still have to have a C-section. And I said, "No, let's go now." I had to

move to the operating table, and I was feeling very nauseated. They just couldn't move me. They said, "Lift your butt and move yourself over," and there I was having contractions with sixty-five pounds sitting on my spine. Everything was confusing. There were a lot of people around and a lot of masks on. I really didn't know who was around me—I could see just eyes. I remember talking to the anesthesiologist about where I could still feel things. I'd been in labor for seventeen hours.

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In spite of all our attempts to support a vaginal birth, the top twin was clearly in distress. Everyone agreed that delivering these babies with surgery was the safest and most compassionate plan.

It didn't hurt having the babies delivered. It felt like a release of pressure when they came out. And it wasn't any more so

when the second one came out. It didn't feel like I was hollow, just like the pressure was released. I saw the babies as they were being taken out of the operating room, but I don't know how long after they were delivered that was. It seemed like an awfully long time.

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No one should take your baby away without you getting a chance to see it first, unless there is a need for immediate resus-

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citation. Even in a Cesarean section, the mother or the father should get to see the baby the minute it is born.

I was worried because the first thing I heard was, “Oh my gosh—she’s so small!” I thought that there was something wrong with her. I just wanted to see if she was okay. I had heard all of these horror stories that they take the babies away and you don’t get to see them if there is something wrong. So if you don’t

see them, then there is something wrong. And with everything I went through before, knowing that the tests weren’t 100 percent, there is always that thing in the back of your mind that says that there still could be something wrong. I never thought about it until that moment.

In getting ready for this birth, my Mom was a big help to me. She set an example for me while I was growing up. She made me realize that you really can do anything you set your mind to. She

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also showed me that you just do what you have to do. Whatever life throws at you, you do it. I had training as an athlete too, and that helped me a lot, that discipline. It's hard to describe. You just have to do something and you don't think about it. You don't have to worry about it. You just do it.

DR. KERR: We needed to use some oxygen and warmth to support both of the twins after the stresses of an unproductive labor. Christopher weighed more than six pounds and Katelyn was barely four pounds, which was a whopping two pound difference! So much for the sonograms. After the birth, I saw that Christopher was quite big enough to come out, but Katelyn was blocking his exit. She, smaller and still not quite ready, was definitely uncooperative about moving down and out while he was aggressively pushing from above. We resolved the "disagreement" with our Cesarean section.

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