

The Birth of Emma's baby¹

When Emma and John get to the labour ward at the hospital, they are met by a midwife, Rita. Rita is friendly and efficient; she gives Emma a hospital gown and carries out a series of tests – takes Emma's temperature, pulse, and blood pressure, tests her urine. She waits while Emma disrobes, then the following conversation occurs:

Midwife Rita: Just pop up on the bed, and we'll have a feel of baby.

Emma lays on the bed and the midwife feels her abdomen

Midwife Rita: Ah good. Good size babe in there. Let's have a little look how far along you are.

Midwife Rita performs a vaginal examination.

Midwife Rita: So your just 3cm dilated now, it's very early days. I'll telephone Dr Smith and let him know you are here. He does like to get his women to have the monitor on for 20 minutes or so when they arrive, so we'll get that going now while I call him.

Rita sets up the monitor and attaches the belts to Emma. It takes a few minutes of adjusting the belts on Emma's belly to get a continuous reading, and Emma is conscious of the need to stay still so as not to lose the reading. Rita reassures Emma that the baby's heart beat looks really good. She explains that she is looking after someone in the room next door; that she'll come back in about ten minutes. She gives them the buzzer to call if they need her. A little while later Midwife Rita returns.

Midwife Rita [looking at the monitor]: Right then, baby is doing really well with these early contractions. We can take this monitor off for a while.

Jane: Oh good, I really want to move around more.

Midwife Rita: Yes, movement really helps some women cope with the pain. Do you know about your choices for pain relief? It's lovely for you and the baby if you can manage without anything but I'll just refresh your memory about your options.

¹ Jenkinson, Bec & Gould, Debby. "The Birth of Emma's baby". Part of Birth Rites and Rights. A workshop presented at Woodford Folk Festival, Jan 1 2017. Adapted from: Nicky Leap's "The Birth of Jason Smith"

Alice Charlwood's "Just a role play?" AIMS Journal, 2005: 17(5).

She explains the pros and cons of gas, pethidine and epidurals and tells her to keep breathing through the contractions for now, then says:

Midwife Rita: We'll take it one step at a time shall we? You're coping really well at the moment. There are plenty of 'natural' methods of pain relief we can try – but if you can't cope with the pain, you can always go for those other options we talked about earlier. You let me know when you are ready for any of that.

Time passes and Emma labours. Midwife Rita is busy caring for Emma and the woman in the next room, so Emma and John are often by themselves. After a few hours:

Midwife Rita: Right then, let's see how much progress you've made. [She motions for Emma to return to the bed, and performs a vaginal examination]. Hmm. Ok, you are still only 4cm dilated.

Emma looks deflated.

Midwife Rita: It's time we got things moving so I'm just going to give you a bit of help to get things moving along. [Gets the needed equipment, and ruptures the membrane sack enclosing Emma's baby]. And we'll pop this monitor back on to make sure baby copes ok with it.

Emma tries to get comfortable on the bed with the monitor back on. Midwife Rita leaves to telephone Dr Smith and update him about Emma's progress. According to the machine, Emma is having irregular contractions. But Emma tells Midwife Rita that they're quite painful.

Midwife Rita: It looks as though it's early days yet. Have you decided what you'd like for pain relief in case you need it later?

Emma: Oh, I'm trying to just go natural.

Midwife Rita: It's great if you can manage the pain but you don't have to be a martyr. Contractions are going to get much worse. If you're thinking you might like to have an epidural later, don't wait until it's really bad before asking for it because it will take us some time to get the anaesthetist down here.

Sometime later...

Midwife Rita: Breaking the waters has not sped things up. You're just not progressing, so we need to put up a drip. You'll need an epidural because you won't be able to manage the pain.

Emma: Do I still have to have this monitor on? Its really uncomfortable.

Midwife Rita: Oh, yes, you have to have the monitoring. We need to keep a close eye on baby, and on your contractions because of the drip.

With the drip running, Emma's labour quickly ramps up. The contractions are coming quickly and much stronger than before. She is grateful when the anaesthetist arrives, and once the epidural takes effect, she can rest. Dr Smith arrives a few hours later.

Dr Smith: Hi Emma. How are you going? [Looking at monitoring trace]. You look nice and relaxed.

Emma: Hi Dr Smith. I feel good now. Do you think it will be much longer?

Dr Smith: Your contractions are good and strong now, let's have a look shall we?

Midwife positions Jane's legs for vaginal examination, because she now has epidural in place and can't move them effectively. Dr performs vaginal examination.

Dr Smith: Ok, the cervix is now fully dilated, but this baby is not moving down.

Over the next little while, with the doctor coaching, Emma tries to bear down, but she makes little progress. Eventually, baby Billy is pulled into the world with the aid of a ventouse after the monitor showed signs that he really would be "better out than in". He is a fine, healthy baby. Emma is exhausted and sore from her episiotomy but very relieved. She secretly thinks that she'll ask for an epidural earlier next time... if there is a next time.