

On October 22nd, 1995, one day before my anticipated due date, my mom's water broke in the early morning. Unclear of whether her water had truly broken she continued through her day with a cramp like feeling, until it became clear that I was on my way. She informed my dad that it was time, and they scurried to the hospital full of anticipation, excitement, anxiety, and with the knowledge that when they returned they wouldn't just be a couple, but a family.

They sat in the waiting room of the hospital anxious and giddy until a doctor called them into a room and checked how far dilated my mom was. She was certainly in labor, so they checked her into the hospital, but her cervix was dilating more strongly on one side. To remedy this, her doctor, Dr. Maloney, suggested an intravenous drip of Pitocin. Pitocin is a synthetic hormone that works to increase the strength and length of contractions, thus speeding labor, she explained, and hopefully would help evenly dilate my mom's cervix. My mom obliged and also received an epidural to numb her from the stronger labor she'd have because of the drug.

After administering the IV, Dr. Maloney muttered something about having been in bed for three days with a migraine and whipped out three dollars. With that she left the room, and promptly returned with a bottle of soda and a candy bar, saying that she hoped it would help her get the job done and make her feel better. Though my parents wanted their doctor to be in the best health and mindset possible, neither of them put a large amount of thought into these statements and continued to have full trust in their doctor.

Time passed slowly as my mother labored through each contraction, holding my father's hand for support. Finally though, she was fully dilated and Dr. Maloney said that it was time to begin to push. She instructed her to bare-downwards for counts of ten and encouraged her to remember to breathe.

Time seemed to pass even slower now that she was in the last stage of labor. After hours of pushing there was minimal progress, and Dr. Maloney suggested the use of forceps to help pull me out from the birth canal. With trust in their doctor, my parents agreed that this would be best. The doctor retrieved two packages, each containing one side of the forceps, and then placed them together inside my mom. After getting them positioned she instructed my mom to push as she pulled, but as she did so the forceps slipped from my head with such force that her body physically jolted. She tried it again and once more was pushed from her seated position in front of my mom by the force of them slipping.

Taking them out of my mom, she looked at them and stated "I don't know what's the matter with these" while visually inspecting the pair. My parents could tell something was wrong by the aura of the room. Tension was high, and though nothing had been vocalized about the process going awry, it was apparent in the attending nurses' and Dr. Maloney's eyes. Once again she placed the forceps around my head and instructed my mom to push as she pulled and after a few more attempts, I was born at 11:35 pm.

As my dad described it, I didn't look like any other baby they'd seen before. He called his dad, my grandpa, and told him I appeared to have gone '10 rounds with Mike Tyson'. My head was flat and bruised, and though something appeared to be glaringly wrong with my head to my parents, the doctors seemed unconcerned. Because of this, my parents brushed off their concerns as average first time parent jitters.

The next day, my pediatrician, Dr. Falk, first visited me. After taking a look at me she ordered skull x-rays to be taken, as she was concerned that I had fractures from delivery. My parents agreed with her and sent me to have them taken. After they were done, however, the technician read the x-rays wrong and told my parents there were no skull fractures. Incredibly relieved, they marveled at being parents and took time to rest after the exhausting previous day.

Dr. Falk then insisted on another x-ray. This time they were read correctly, and they showed that I had five fractures on my skull. They called these fractures “ping pong ball” fractures, because my skull was crushed in like a ping pong ball gets crushed when you press it too hard. At that point it became clear that the forceps used during delivery had slipped off my head numerous times and my skull would need to be ‘popped’ back out.

The neurosurgeon said in no uncertain terms that surgery was necessary. Without it my head would be misshapen, and I would have seizures. The surgery would last for many hours. When my mom asked whether a three day old could survive being under anesthesia that long the doctor only replied “she has to.”

Before the surgery my parents were told that they could be reasonably sure that I’d be fine as long as there was no bleeding on my brain, and if I didn’t start vomiting and sleeping a lot. To ensure there was no bleeding they ordered a computed tomography, or CAT scan, and this revealed bleeding in several places in my brain. I also began spitting up, and sleeping constantly.

At three days old I went into surgery, during which Dr. Maloney came by and apologized to my family, saying she didn’t know what else she could have done or what she could have done differently. In the surgery, they made two large incisions that were sutured together with so many stitches the doctor said he “lost count”. On the right side of my head was a curved incision around twelve inches long, and on the left side was a slightly less curved incision around eight inches long. My head resembled a baseball with the two curved and stitched wounds. Where there wasn’t stitches there was purple bruising. At this time a dent above my right eye from where the forceps had grabbed me also became apparent. I spent the night in the Infant Special Care Unit, then the next day was released into the pediatric unit. Finally after a long week, I was released to go home.

The next few weeks I cried incessantly, but there was nothing remarkable about my time spent at home, and certainly nothing that competed with my stay in the hospital. My mom believed me to be crying because of the pain I was feeling, as she hadn’t been instructed to give me any painkillers. I was seemingly getting better. However, this ended when I was two weeks old when my mom found a large knot on the side of my neck. She immediately took me to the pediatrician, and he sent me immediately to the head of Pediatric Surgery, Dr. Jonah Juda. He informed us that the lump was Tortocollis, which is usually caused by birth trauma. I couldn’t even hold my head straight.

During this visit Dr. Juda told my mom he already knew all about my case because it had been presented as a case study due to the unusual circumstances. This made it sink in for my mom that something about what had happened wasn’t normal and wasn’t right. What had happened during my birth that was so rare that it had to be studied and used as an unusual example?

Six weeks later, I was back in the emergency room. My stitches were incredibly infected, and a doctor named Dr. Cozzens had to cut into them to drain the infection with no anesthesia. He put me on a high dose of antibiotics and sent me home. My parents were hopeful that this would be the last of my emergency room appearances.

Unfortunately, their hope proved futile. Three months post surgery my stitches still had not reabsorbed as they were supposed to. Once again I returned to the hospital and they were cut out of my head, again with no anesthesia. I continued to cry and suffered from colic, presumably from the pain.

Finally, a few weeks later, my wounds healed, leaving a half inch wide pinkish scar where they once were. Portions of my scar turned hard and calcified, and became sensitive and uncomfortable when bumped, but for the most part I was becoming a normal baby.

Except for the illnesses. My immune system was weakened by my hospitalization the week of my birth. I ended up in the hospital for six days when I was around three months old with a raging case of Respiratory Syncytial Virus. Once that settled I developed Hand-Foot-Mouth Disease, and eventually Scarlet Fever. Being chronically ill extended well into my childhood in the forms of reoccurring Croup and Bronchitis. I also struggled with grave stomach pains, of which still plague me today.

Not only did I suffer physical illness, but also from debilitating anxiety. I believe that because my birth was such an intense, painful, sensitive process my senses became heightened. I developed Sensory Integration Disorder and feared everything because all was “too much”. The sand was too sandy, the wind too windy, the grass too grassy, and so on. I was truly afraid of anything that caused stimulation. I eventually grew out of that illness, but I still struggle with extreme anxiety today and am easily overwhelmed.

When my parents were thinking of having another child around a year and a half after my birth, my mom sought out the advice of a specialist. At the time of my birth it had been unclear whether it truly was forceps trauma that had crushed my skull or something else such as my mom’s pelvis. My mom asked whether it would be possible for her to have another child, and whether her “hips would do the same thing they’d done to me to the next baby”. The doctor was puzzled at what she meant, and shocked that my mom didn’t know. Written in the medical file it stated that Dr. Maloney had known all along that the forceps had been mismatched and not been checked properly, and that was the cause of my injuries.

My mom was devastated at this news. For close to two years she had been blaming herself for hurting me, when it was the doctor all along. Because of this injustice and hidden truth my parents filed a lawsuit against Dr. Maloney, of which we ultimately lost on the grounds that she didn’t intentionally hurt me. In my mom’s eyes that didn’t make up for Dr. Maloney’s lie, regardless of her intentions.

My parents went on to have another child, my sister Kelsey, of which I was deeply concerned about. I was aware of my own scars as they were incredibly apparent when looking at me, but also because of my baby book and my parents telling me my birth story. At that time my greatest fear was someone squishing my head, and this fear transferred onto the birth of my sister. I told my parents I was afraid that the doctor would “squish baby sister’s head.”

My mom and I shared this fear. As she had had such a negative experience birthing in a hospital, she toured a birthing center and looked into birthing with a midwife and doula the second time around. Unfortunately, my father, being the conservative man he is, was adamantly against her birthing anywhere other than a hospital for fear that if something went wrong they wouldn’t have the resources to fix the problem. I find this ironic because the hospital was the cause of my problems, but I can understand his anxiety, as my dad is a man who wants to protect his family in any and every possible way.

My sister was born in a hospital and though my parents had reservations over whether there would be prejudice against them during the birth because the lawsuit was in full swing at that time, they were treated fairly and had a positive experience that was drastically different than my birth. During labor my mom burst into tears, fear stricken at the idea of history repeating itself. At that point in time *Lullabye* by Shawn Mullins came on, and my dad and mom sang to

the lyrics of “everything is gonna be alright” until their anxiety had partially washed away. That night my sister was born healthy and unhurt, which came with great relief from my parents.

Because of this whole ordeal and the consequences of my birth that have followed me through out my life, I have come to question the system of birthing in America. Ninety nine percent of women choose to birth in a hospital with medical interventions such as Pitocin and Epidurals (Epstein, *The Business of Being Born*), and though this is the majority, I question whether this really the best way. I wonder how utilizing alternative birthing methods could affect a woman’s birthing experience positively or negatively? What are the aspects of hospitals that are helpful and good for mother and baby, and what portions of it are purely for doctor benefit? Truly, what is the best way to birth?

This began my research about the average means of birthing in America. In my research, I found that, like my own, ninety nine percent of births take place in a hospital and less than eight percent of births are attended by midwives (Epstein, *The Business of Being Born*). According to a study done by the Institute of Medicine, America spends more on health care than peer countries such as Japan and Sweden, and yet has an infant mortality rate more than twice that of peer nations per 1000 births (Kliff, 1). This caused me to question: if America is putting in 98 billion dollars annually in hospitalizations for childbirth, and we are equally as technologically advanced, why are our numbers so disproportionate compared to countries equally as developed as our own?

The major difference between Sweden and Japan’s birthing methods compared to America’s was the presence of midwives. Midwives attend over seventy percent of births in Sweden and Japan, whereas they attend less than eight percent of births in America (Epstein, *The Business of Being Born*). It seems to me that America has medicalized birth, and thus suffered a deep loss. As a midwife is medically trained in everything but surgery, they are equipped to handle all a doctor can in a low risk birth, and thus are equally as capable as doctors. The lack of this presence is making birthing an experience driven by the textbook, rather than instinct and trust in a woman’s body alongside textbook practice.

America faces 6.7 infant deaths per 1000 births, whereas Sweden only faces 2.5 (Kliff, 1). Additionally, the maternal death rate during childbirth is ranked 50th compared to other peer countries, meaning that 49 other countries have a lower maternal death rate (Huffington Post, 1). In 1987 the America hit an all time low in maternal death rates with just 6.6 deaths per 100,000 births, which increased steadily until in 2010 it was recorded that America had reached 12.7 maternal deaths per 100,000 births (Huffington Post, 1). I truly believe these numbers are so high because of the emphasis on going about birthing like checking things off a list. Doctors preform births step by step as they have read in a textbook, rather than trusting the mother’s instincts and listening to her body. In this way, the doctor holds power over the mother and baby, and birthing as an experience has been reduced to textbook answers, rather than a personalized experience according to what each mother and baby needs. Though I believe we must follow medical procedure, there needs to be variation in the position a woman feels most comfortable birthing in, and so on.

As ninety nine percent of births take place in a hospital in America, I began to investigate what a birth in a hospital entails. Hospitals are controlled environments where the mother cannot eat or drink, and has limited options in terms of positions she can birth in. Generally hospitals utilize interventions such as Pitocin, a synthetic hormone that increases the length and speed of contractions; Epidurals, a pain relieving shot to numb the lower body of the mother; forceps, tong-like tools that assist in pulling a child out of the birth canal; and cesarean sections, a surgery

that involves removing the child directly from the womb. According to the Wellesley Centers for Women “Obstetricians, after all, are surgeons, and many never witness a natural, normal birth in their training” (Blustain, 1), and this lack of natural birth experiences makes doctors shy away from natural births as they don’t know how to do one, which may inadvertently increase the number of interventions doctors utilize.

Some medical interventions, such as forceps, have a rare risk of injury, though I am living proof that they do occur. Forceps are only utilized in 4.5 percent of vaginal births in America (Maffei, 1). The Mayo Clinic outlines all risks to the baby during forcep delivery as rare, and these risks include ‘minor facial injuries, temporary weakness in facial muscles, minor external eye trauma, skull fracture, bleeding within skull, and seizures’ (Mayo Clinic, 1). However, after forcep delivery, minor marks on a baby’s face are usual and temporary (Mayo Clinic, 1), unlike the dent I suffered above my right eye for over four years.

From the interventions able to be utilized by doctors, cesarean sections are among the most common. Since 1996 the number of births that end in cesarean section has increased 46 percent, leaving one third of all births in America ending in the surgery (Epstein, *Business of Being Born*). This could be attributed to the fear of lawsuit. As one doctor describes: “To be blunt, you don’t get sued when you do a cesarean. ... You get sued when there’s a damaged baby. ... And that causes doctors to say, “Well, it’s got to look like I’ve tried my best. And trying my best would be to deliver the baby” (Blustain, 1). I believe that this mentality is what is crushing birthing in America. There is an emphasis that birth must go according to plan, according to what doctors have been taught, and when a birth doesn’t follow those steps there becomes a worried tone. Some births extend over the course of days, but doctors expect, and prefer, them to be under twenty-four hours, which causes them to call for interventions such as cesarean sections.

Additionally, the highest rates of Cesarean sections are at four in the afternoon and ten at night; right before dinner and right before bed (Epstein, *Business of Being Born*), suggesting doctor convenience over patient priority. Hospitals, simply put, are businesses like anything else, and thus the way they are run is impacted by the priority of their staff, fear of lawsuit, and any other company worry. That being said, they are the most sterile place to give birth and give mother’s access to the greatest number of medical interventions should they be necessary in a high risk pregnancy or if something goes wrong mid-labor.

The next step down from a hospital birth would be birthing in a birthing center. A birthing center is often a separate unit or wing of a hospital equipped with birthing suites that have full sized beds, Jacuzzis, and other birthing items such as exercise balls. Midwives perform the birth and doulas often attend, but birthing centers have obstetricians and gynecologists on call so in the event of an emergency a woman or baby may receive the help they need. Though not necessarily a hospital, birthing centers are equipped with medical equipment that midwives are trained to use such as oxygen, oxytocin, and infant resuscitators (Kids Health, 1). Compared to hospital births, birthing centers allow for more lenience during the birth process for the mother to utilize her own birth plan. She may eat or drink as she pleases, she is free to move around during labor, spend time in the bath, and birth in the position most comfortable and conducive to her. Rather than medical interventions, they utilize measures such as hydrotherapy, warm and cold compresses, and relaxation techniques to ease the mother of childbirth pain (Kids Health, 1). Birth centers are good options for mothers with low risk pregnancies who are seeking a more natural childbirth experience.

Midwives perform births in birthing centers as well as in homes. They are medically trained professionals in everything but surgery and are aware of all medical aspects of childbirth (Explore Your Options: Doulas, Birth Centers, and C-Sections), specifically in delivery outside of the hospital (Andrews, 1). Less than eight percent of Americans utilize midwives in their birthing processes as compared to how midwives attend over seventy percent of births in Europe and Japan (Epstein, The Business of Being Born), potentially demonstrating some of the discrepancies that causes America's infant and maternal mortality rates to be so high.

In 1900, ninety-five percent of births took place at home and were attended by midwives. This number shrank to fifty percent in 1938, and finally, in 1955, shrank to one percent, where it remains today (Epstein, The Business of Being Born). This can be directly correlated to the use of propaganda against midwifery (Cryns, 1). When obstetrics and gynecology first emerged, doctors wanted patients in the hospital to birth so they could learn and practice. To do so, popular magazines and medical journals published photos of 'old', 'ugly', and 'foreign' looking women with the caption "Would You Want This Woman To Deliver Your Baby?" (Epstein, The Business of Being Born). These campaigns helped make birthing in hospitals the norm.



Still today there are many restrictions in America regarding midwifery. Only 27 states allow midwives to perform legally, and some other states only allow midwives to practice under the supervision of a physician (Andrews, 1). Midwives are also only required to be covered by private insurance in thirty-three states (Rosenthal, 1). All of these factors play a part in why hospital births in America are so high. However, the Affordable Care Act just added birth centers and midwife care as a mandatory Medicaid service (Rosenthal, 1), and hopefully this could increase the public's access to midwife care if they so choose.

Midwives often work alongside doulas. Doulas "provide various non-medical support measures such as emotional support, pain management, relaxation techniques, and information to pregnant people" and are "there to validate the pregnant woman's experience, desires, and needs for her birth" (the Doula Project, 1). In this way doulas work as an emotional support during all stages of pregnancy. Doulas are also utilized in any birthing environment, as they can be of support during a home birth, a birthing center, or in the hospital setting.

After gathering all of this information on the different professionals that help women birth, the potential interventions utilized, the places one can birth, and taking into consideration my own birth, I began to think about what I would be comfortable with regarding my own pregnancy and labor later in life. I came to the conclusion that the best place for me to birth, given my pregnancy is low risk, is in a birthing center. I like the minimal use of interventions they utilize, as I am uncomfortable with most all of them after the outcome of the intervention used on me. I also want the process to be as natural as possible, and because of this I'd only like

to use natural pain remedies such as going in the bath or getting a massage. I believe that if this is how my body was made to work that I should appreciate and feel every ounce of the process.

I think that had my mother and father known about hospital delivery they would have shied away from the process. My mom and dad are big proponents of feeling comfortable and I think they would have preferred a birthing center to anything else because of the ability to eat, move around freely, and birth in any position my mom felt best in. I was not in a high-risk pregnancy, making a birthing center an option. Ultimately, I think the doctor prioritized her convenience over my mom and I's safety and that was the reason for her using forceps. I believe that had I been delivered by a midwife forceps would not have been utilized, because rather than being taught from a textbook that birth must be under twenty four hours from when labor starts, they trust a woman's body to take the time necessary to give birth. Thus, I would have been born later, but healthy.

I truly believe it was either Dr. Maloney's headache making her want to go home, or the appeal of emptying the bed my mom was occupying to make room for another patient, thus making more money that caused her to use forceps. I believe wholeheartedly at this point that hospitals are a business and are not looking out for the lives and comfort of mothers and their children, but rather for profit for themselves. I think that profit as the top priority is the main reason that the American health care system is failing women and has such high death rates. The more births had, the more surgeries performed, and the more medications administered, the more profit they are generating.

I chose to research birthing in America because I have grown up knowing that what I experienced, though unusual, wasn't of much concern. The fact that I had such extreme neurosurgery so young was always a fun-fact for me, and nothing else. As I've grown older it's become apparent to me that what happened to me wasn't normal, and shouldn't be treated so frankly. Through my research I wanted to know why this happened to me and why it had to be the way it did. And through my research I found that it didn't have to be. I can now conclude that the birthing system in America is corrupt and focused on profit rather than a mother and child's needs. I believe that forceps were only utilized in order to get my mom out of the hospital, fill the bed with another woman, make more money, get her out, fill the bed with another woman, and so on. In truth, I do believe they accomplished their goal in generating more profit, as even though they didn't get to fill the bed with another soon to be mother, they had to perform surgery that cost tens of thousands of dollars because of their use of forceps. It ultimately is profit over health.

All in all, there are many options for pregnant women in terms of how their births may go, and it is up to them to make the decision that is most comfortable for them, their family, and their health. Though my ideals for what I'd like to experience may not match up with what another pregnant woman wants, that is ok because in America we are provided many options regarding childbirth, and there are opportunities even in strict hospital environments to customize your experience such as utilizing a doula. I believe that birthing is a completely personal decision, and hopefully with the help of all the facts above, one can make an informed decision best for all involved.