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THIRD STAGE Winter 2011/2012 Number 100

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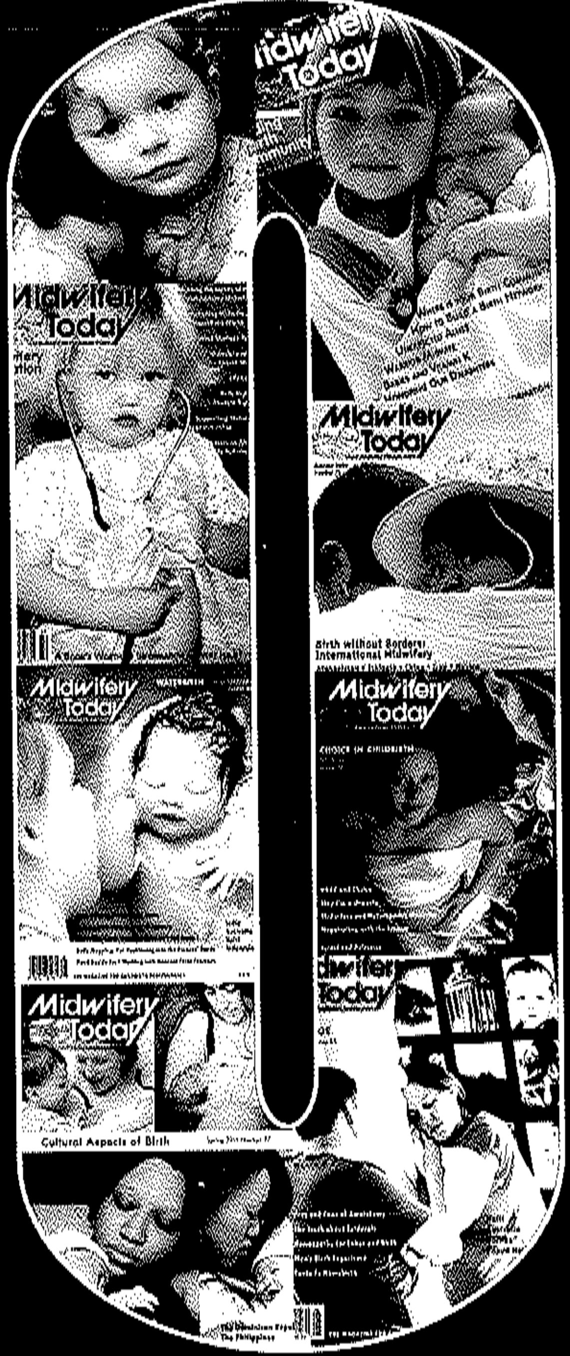

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Dr. Rosita Arvigo, DN

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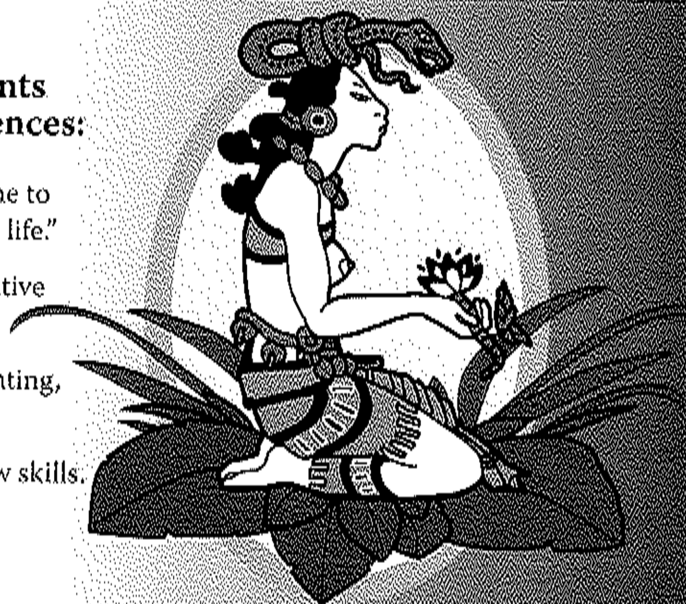

Ix Chel, Maya Goddess of Healing

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Suzanne Tully,
Home birth midwife from Colorado

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Velamentous Birth Story

by Jana Voelke Studelska

As midwives, we tend to review advanced skills in the middle of the night, playing out rare sequences of events, making sure every possible variation or complication has a sure response. We review neonatal rescusitation (NRP) driving to births, plan for a surprise breech and tick off the maneuvers for severe shoulder dystocia. Mostly, we hope and pray that these skills stay theoretical, that we never have reason to use them.

If you do this work long enough, your skills will be put to the test. The day will come.

There's this simple saying, Trust Birth. It's easy to chant, easy to get on a T-shirt. It's easily over-simplistic. Nonetheless, I think about it often, and circle around it with both worship and disdain. On worship days, I joyfully stand aside and watch a birth, knowing that my most valuable skill is keeping my hands to myself and my mouth quiet. On darker days, I consider the dog-eared stacks of expensive textbooks, years of training and the bone-tired weariness of being deep in the trenches of a culture war, and I know that birth is anything but simple.

On this day, my midwifery partner and I are Monday morning quarterbacks, reviewing a birth that put our skills to the test. Chart in hand, memories fresh, it feels like we're putting a birth puzzle together. There's a good deal of head-shaking while we contemplate the sheer improbability of this constellation of complications—a velamentous insertion that engulfed most of the amniotic sac, a very short cord, a retained placenta and a torrential postpartum hemorrhage.

In hindsight, it all makes sense—the strange labor pattern, the abrupt birth, the uterine constriction ring. Even though I have just experienced one of the most intense and unpredictable births of my career, I am wholly and gratefully reassured. I just got a powerful reminder that "Trust Birth" is spot-on, that there is a physiological wisdom to mamababy that I cannot begin to fathom, that there is a higher source of knowing and guidance that's available to me and that the skills we practice and review, over and over, but rarely ever use, work exceedingly well.

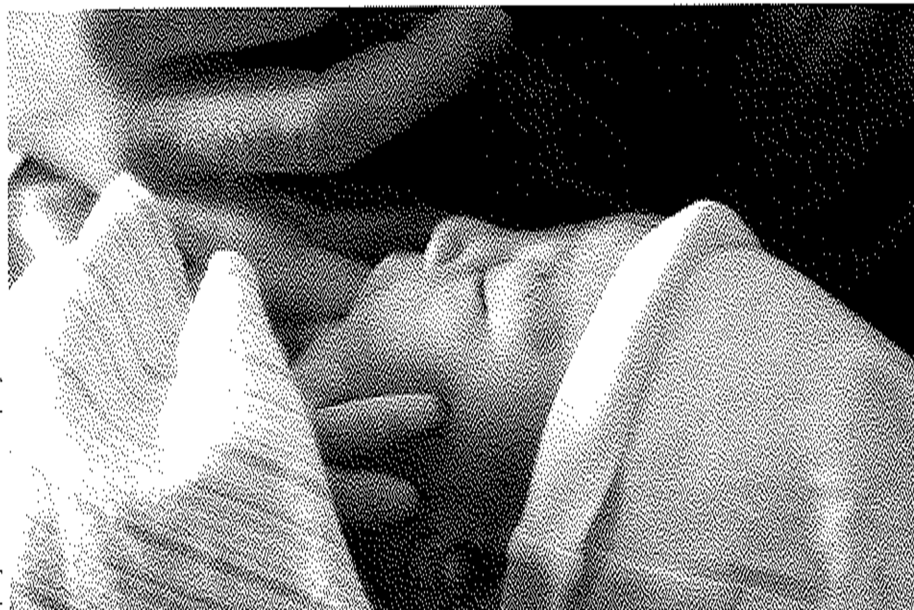

Photo provided by author

Melissa is a friend. She is my chiropractor, a steadfast supporter of my work and a helpful consultant as I've learned to run a small business. Finally, she became a client, expecting her first baby.

An uneventful pregnancy eventually gave way to labor a few days shy of her due date. Two days of a teasing, latent labor spilled over into active labor at 3 am, aiming for the wee hours of morning, as birth often does. My progress notes tell the story of how this labor played out:

3:45—Jana arrives. Contractions strong, long; q3min x 70+secs Exam: 7 cm, bulging bag of waters, bloody show.
4:45—Contractions slow, q6–7min x 60–90s. Melissa talkative.
5:45—Melissa on bed, sleeping.
6:45—Contractions strong, q4min x 70–90 seconds. Reports pushy feelings but no urge.
7:45—Mom reports baby feels low, she feels pushy. Contractions 6–8 min apart. Exam: Fully dilated!
8:45—ROM, clear, moderate volume. Contractions long and strong again, Melissa focused.

This pattern of pounding contractions followed by a long lull of widely-spaced contractions went on for two more hours. The baby's heart rate danced around her usual 150, never suggesting any troubles or stress. So we waited.

We ate, we napped, we played with two golden retrievers and two cats, all of whom felt compelled to attach themselves to the action. We kept feeding and hydrating Melissa, helping her in and out of the tub, in and out of bed, in and out of the bathroom. We read magazines, refolded towels, checked e-mail.

I repeatedly asked Melissa if she was ready to push the baby out, knowing that sometimes a primip needs a bit of encouragement to walk through that last fire, but she would earnestly and open-eyed tell me she didn't feel as if it was time to push. I would ask her to reach down and find the baby's head with her fingers, hoping that would prompt her to realize how close her little girl was to birth. But Melissa would

shake her head, decline to check and go back to wherever her labor was taking her.

Eventually, I asked Melissa if I could check—I couldn't stand it anymore. I reached over into the birth tub and, between the folds of skin, found baby Emma just sitting on the perineum. Melissa had brought this baby all the way down without even one real push. Just breathing and focusing. Nice! We all were grinning and laughing and re-organizing our birth supplies, thinking that we were now ready to finally meet this little baby! Surely this news would get Melissa to take the leap!

Another hour. No pushing; contractions spacing up to eight minutes apart. More sleeping. We gave Melissa a few herbal tinctures in hopes of nudging the labor into a higher gear. There were many position changes. Melissa was clearly losing steam and began to ask why it was taking so long. The baby sounded great and she was literally held back by nothing more than Melissa's perineum, just waiting. There was no sense of urgency or pushing from Melissa. My gut sense was that it was time.

I asked Melissa to do some walking around the house—to try to prompt some contractions and jiggle the baby out. Those of us who have had the privilege of watching mothers in labor know the jig: The baby in mom's bum like a bursting cantaloupe, swaying like an orangutan with each step. Melissa was on a mission—through the living room, through the dining room, around the kitchen, and down the split-level stairs. We were astonished at her speed and mobility. It was easy to tell that she was ready for this to be over.

We followed Melissa out of her birthing room, our cake pan of instruments and supplies in tow. I stayed on her trail, just in case she dropped to her knees en route through the house. My partner, Caralee, stood sentry at the birth "station" we'd set up, located about halfway through her walk loop. Our assistant, Teri, stood by with the chart and camera, ready.

I had a strong sense that we would encounter a postpartum hemorrhage. I'd asked Caralee to draw up a shot of Pitocin, and keep it on the tray. We discussed the possibility of shoulder dystocia; contractions had been so oddly spaced, we considered how we would handle the birth if there was an extended pause between the birth of the head and the next contraction. I was on high alert at a very gut level.

With each loop, Melissa would have a contraction at the kitchen counter and drop down into a deep squat. The contractions began coming on stronger and closer together and, finally, in a squat, I heard Melissa push. She stayed down that time, and the sounds of a mother expelling an 8 lb human filled the room. Caralee and I exchanged pleased smiles with one another. Squatting behind Melissa, I reached gently, telling her my touch was coming, to feel the baby, and I found a handful of head—not quite crowning. With Melissa staying in the deep squat, I knew the baby's head would come with the next contraction. Finally!

With the next push, not only did we get head—we got head and shoulders and body, all with one push, and baby Emma was crying before her body even left the birth canal. She came out in one fluid motion, screaming and waving her arms. Melissa, who had moments earlier been doing a circuit loop of the house was suddenly too exhausted to even reach for her baby. I was holding Emma off the floor with one hand, my arm looped under Melissa's leg, as her husband James jumped in to catch her as she fell back onto her bottom. Baby Emma, loud and pink, was on her mama's tummy.

And then the craziness began.

Checking to see if there was enough play in the cord to bring the baby up higher on Melissa, I felt no pulsation. The cord was already flaccid. I also saw a puddle of blood escape, such as one might expect with a separation gush. I thought to myself, Wow, that was fast! I clamped and cut the baby's end of the cord, allowing Emma to get off her mama's rounded belly and between her breasts where she could be warm and snuggled.

I drew Melissa's end of the cord toward me, to see where I might feel traction or resistance, so I would have an idea of where the placenta was and how easily it might be delivered. Suddenly, with almost no effort on my part, more cord looped out. That's odd, I thought.

Then the entire cord fell out on the floor, unattached to anything. It may as well have been a fifty-pound iron bell. The implications were going by in my head like a Rolodex, flip-flip-flip-flip. My assistant tells me I looked like I'd been hit by a fifty-pound bell. Before I could even draw a breath to call Caralee's attention to the situation, a gushing wave of blood completely buried the cord lying on the pad.

The next few minutes were a blur: a shot of Pitocin, telling Melissa to tell her body not to bleed, donning sterile gloves and dousing my hand and arm in Betadine, reaching in to find the placenta. I could hear myself barking orders to the birth team like a drill sergeant, while I simultaneously prayed for guidance. My knees slid around on the floor in the blood and fluid. Caralee began an IV, skillfully getting access within minutes. Finding the placenta—not in the birth canal, not at the cervix, but high in the fundus—I felt to see if it was loose, if I could grab it with my fingers and bring it down and out. Some of it was loose, but with my fingers exploring I realized it was still half attached. I remember the feel of the lumpy cotelydons, the feel of cleaving off the placenta with the side of my hand, the feel of my forearm ringed by the boney pelvis, the feel of my hand inside someone's body, using my other hand to push the placenta down, realizing that my entire forearm was inside of a human being.

Unsuccessful, I pulled my arm out with another enormous gush of blood and instructed our assistant, Teri, to call 911 and be clear that we needed a rapid transport. A second shot of Pitocin. Another attempt to remove the placenta. More blood. Now a constriction ring—the entire upper portion of Melissa's uterus clamped down around the attached placenta. The unattached portion—about two-thirds of it—hung into the lower uterus. Not even room to sneak a finger in. Then the bleeding just stopped. Melissa's uterus had clamped down tight and high, clearly closing down on the attached placenta.

It was rather surreal—to go from the fast-forward unfurling of crisis to the tense but quiet plateau of waiting for an ambulance to arrive. So we simply focused on keeping Melissa stable—we gave her oxygen, elevated her feet, took vitals over and over, and admired Emma, who was flirting and nibbling as if nothing were wrong. Melissa was weak but chipper, and completely able to give us feedback and good-humored, snarky comments.

I realized that the dining room looked like the set of an action movie—blood, trash

from the medical supplies, and two harried-looking midwives. We cleaned up, keeping all the pads separate so that we could later estimate blood loss. When the ambulance arrived, we were all fairly presentable and Melissa was ready to move on.

By the time we arrived at the hospital, Melissa's uterus was softening, bleeding just a trickle. The OB that met us in the emergency room was able to manually remove the last of the adhered placenta—it was still sticky, but it let go. Melissa, amazingly, was able to tolerate the procedure without pain meds or anesthesia. The placenta was whole, but the amniotic sac was missing. Certainly it tore off as I attempted to remove her placenta at home.

A quick ultrasound to make sure everything was out, a hemoglobin check (10.1), some IV antibiotics, a long, bureaucratic discharge and, finally, we were able to head back home. Standing in the doorway of their bedroom, watching the new family snuggle and kiss, it felt as if the previous four hours had been just a crazy dream.

When I told this story to a few seasoned midwives, before I was close to being done, each of them flatly stated, "Velamentous insertion." The OB we saw didn't offer any thoughts, but sent the placenta to pathology. I'd like to say that I understood everything that was happening while it was happening, but I didn't. I didn't put the picture together until we got home and went through the absorbent pads.

We estimated blood loss at around 1500ccs, which is about the most I've ever seen at a birth. We also found a few shredded pieces of the amnion, and within the amnion the long, tangled vessels of a velamentous insertion. The cord itself measured less than 10 inches.

How amazing.

How amazing that Melissa and baby Emma labored so carefully. The odd labor pattern was clearly mama and baby preserving the cord, the sac, the baby. When things got too intense, their labor pulled back. Melissa's lack of interest in pushing, her ability to bring the baby all the way to the perineum—her body, her mind, her intuition knew to go slow, go easy.

When her water broke it broke carefully, preserving the vessels. In all the hours after the rupture of membranes, we never once picked up a heart tone that suggested anything unusual. This I cannot understand after seeing the amnion, riddled with vessels, but I have no other way of understanding.

I think about the baby Emma's all-in-one birth, in which she came out—all 8-1/2 pounds of her—in one fluid motion. She was dashing for the door! There would be no time, no wiggle room, no ability to linger between the birth of her head and the birth of her body. What a clever girl!

Her body must have sensed that the cord was broken as she emerged from her mother's body, that the circuit was disrupted. I realize now that the small, initial gush of blood I saw was probably cord blood, from the broken end still inside Melissa. And yet we saw no evidence of a hypovolemic baby. I firmly believe Emma's end shut down on its own as soon as it broke.

Melissa's body wisdom was amazing. She lost a good deal of blood and endured both my and the doctor's invasive hands. Throughout, she kept her mind in a good place, trusted her body implicitly, and gave me such confidence. To see her uterus so efficiently clamp down on that retained placenta was something I will never forget.

I trust birth. This birth was such an awesome reminder of that simple phrase's enormity. My feet are so firmly planted, my mind so cleansed. I am so grateful.

I'll still be practicing my skills in the middle of the night as I wait for my calls and reviewing my resuscitation skills in the car on the way. I know—again—that every bit of training I've received is accrued knowledge, from generations of midwives, all of whom, on some days, feel as if they are still teaching me.

Jana Voelke Studelska is a CPM licensed in Minnesota and Wisconsin. She works out of Duluth, Minnesota.

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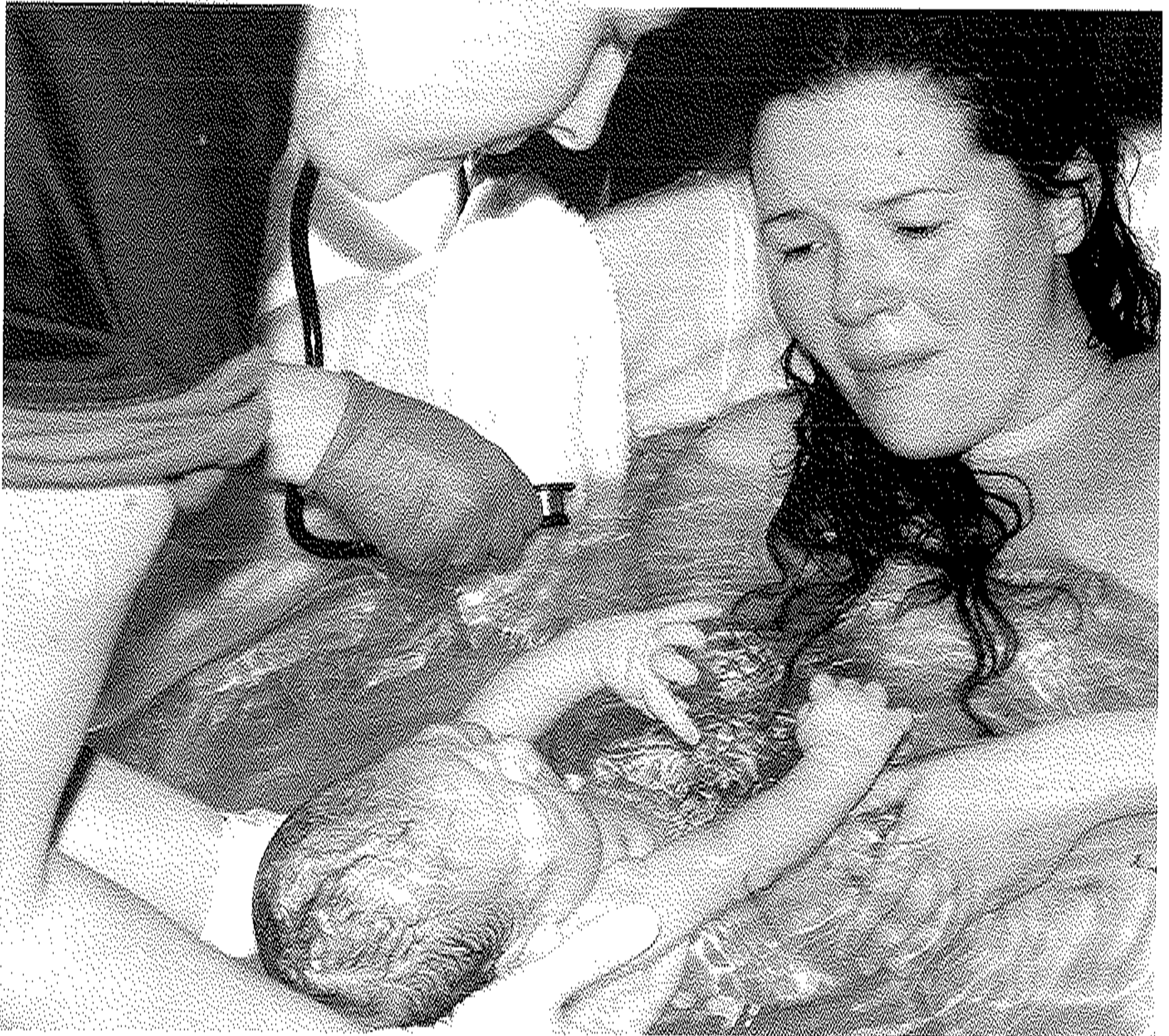
the circle born at home

by Autumn Vergo



Photos provided by author

This is the story of what happens at homebirth. Not of the birth, of a baby's eyes opening for the first time in his parents' bedroom. It isn't about the labor, even though this one, a third baby born with his arm raised after a long, dark night of work was "the hardest."

On the first day of the New Flower Moon, I attended my dear friend's homebirth. Her big, healthy son was born an hour and a half before dawn, his brother and sister sound asleep in the guest bedroom. He came into this life, into his body, held tightly in his mother's arms and surrounded by joy. When the sun rose his brother and sister bounded up the stairs. They knew he would be there. He knew their noises and their voices. They loved him right away. He had always been theirs. And that is the last I am going to say about mother and baby, because this is the story of what happens at homebirth, but outside the birth room door.

In the early evening, early in labor, my apprentice and I arrived at the house, as we arrive to every house: sideways through the door, calling out greetings, bags bumping over the threshold. Through our unpacking and talking, a plan was hatched. My apprentice and I went to town for supper and the laboring couple went on a sunset walk through the