homebirth, stillbirth

★ elizabeth heineman

A DEATH CERTIFICATE, AN AUTOPSY REPORT, A PILE OF INSURANCE CLAIMS

I am the homebirthing community's worst nightmare.

I am the one who had a stillbirth – a stillbirth that probably would not have happened had I been receiving hospital care.

My nurse-midwife made a judgment call. Doctors make judgment calls too. But when their judgment calls turn out to be wrong, it doesn't call into question the entire enterprise of hospital birth.

When their judgment calls turn out to be wrong, no one wonders why the mother chose hospital birth.

At my last pre-natal checkup, at forty-one-weeks-two-days, my midwife did not recommend induction. She did not recommend an ultrasound. An ultrasound probably would not tell us anything we didn't already know, she said. And what we already knew was this: My pregnancy was uncomplicated, my blood pressure low, my fetal non-stress tests good, my amniotic fluid plentiful, my cervix two centimeters dilated and eighty percent effaced.

I was of advanced maternal age, neither overweight nor underweight; I was fit, not a smoker, not a drinker, not a drug user. I did not have gestational diabetes. I did not have preeclampsia. My first baby had been postdate too. Simple vaginal delivery.

The hospital would have ordered an ultrasound anyway, because it had a schedule, and the schedule said: forty-weeks-five-days means time for an ultrasound. The hospital would have induced anyway, because it had a schedule, and the schedule said: forty-one weeks means time to induce. Even if induction means increased likelihood of further intervention for a pregnancy that shows no sign of trouble. For a pregnancy that may not be postdate at all, since you don't always know exactly when you got pregnant, those due dates are just estimates.

My midwife said: at your next pre-natal visit, in two days, we will revisit the possibility of an ultrasound. If there is a next pre-natal visit, she joked.

There wasn't. When I went into labor the next evening, my midwife came by. She heard the baby's strong heartbeat, noted the bloody show, saw that I was still only two centimeters dilated and eighty percent effaced. We should call her when my contractions reached sixty seconds or my water broke. She lived two blocks away and would be back in five minutes once we called.

And so we were alone, as we would have been had I gone into labor naturally while planning a hospital birth. The hospital doesn't want you coming in when your contractions are mild and twenty-five seconds long and you are walking around, eating toast and reading comics to pass the time. It will be a while yet and there's no need for you to take a bed for twelve or twenty-four or thirty-six hours, a bed that might be needed by someone who's closer to delivery.

But I was forty-one-weeks-three-days. If I had been planning a hospital delivery, I would have been induced. And if I had been induced, I would have been in the hospital from the beginning, and so I would have been in the hospital when the short, mild contractions turned fe-

rocious barely an hour later and a few drops of bright red blood trickled down my leg. It would not have been up to me and my partner to interpret the blood, to interpret contractions that cut like a knife and came quickly but were still only forty seconds long. Second deliveries often go faster than first deliveries, right? Birth involves blood, right? Whether or not the doctors would have discovered that my placenta had, all at once, separated from my uterus, they would have known something was wrong, and they would have intervened.

Or perhaps the placental abruption would not have occurred at all. Perhaps with induced labor starting a day or two earlier than natural labor did, my placenta would have stayed where it belonged, on the uterine wall, until the baby was born. And then it would have slipped easily out, like an exhalation, just like it did for my first baby, and we would have planted it under a tree that we would have visited years later so we could laugh and clap our hands at how both had grown, child and tree.

When my midwife arrived – five minutes after we called, like she promised – there was no heartbeat. My cervix had gone from two to eight centimeters in two hours. My body was trying to get the baby out fast, because the baby was in trouble. It was too late for a hospital transfer. The midwife burst the amniotic sac to hurry things along, and dark brown meconium poured out, chunky, like diarrhea.

I spent my pregnancy furious at the American medical system. I was furious at it for making a one-third chance of a C-section the price I would have to pay for the fastest possible access to emergency care if it should be necessary. I should not have been faced with that choice.

I knew that the World Health Organization estimates the optimal C-section rate to be no more than fifteen percent. If the US C-section rate is thirty percent – humor me here, I know that number is a little low, but only a little, and it keeps the numbers nice and round – then submitting yourself to that system brings a fifteen percent risk of unnecessary C-section. The rate of placental abruption is between one-half and one percent. That includes women with major risk factors like smoking, cocaine use, and high blood pressure. But let's say my risk of a placental abruption was one percent. My risk of unnecessary C-section in the hospital would have been at least fifteen times higher.

YOU'RE RIGHT, MY BABY WOULD HAVE LIVED.

At least your baby would have lived through an unnecessary C-section.

You're right, my baby would have lived.

Though let's be consistent. If we're going to think "worst-case scenario" about homebirth, we may as well think "worst-case scenario" about hospital birth too. "Worst-case scenario" does not mean unnecessary C-section. "Worst-case scenario" means the doctor's judgment call that is in keeping with the standard of care but turns out to be fatal. "Worst-case scenario" means your unnecessary C-section turns into one of the hundred thousand unnecessary deaths in hospitals each year. Deaths due to: infection introduced by a technician who washes his hands improperly, or an over-tired resident who misplaces a decimal point when scribbling her order for medication, or a staff physician who is too proud to hear an underling's warnings that there's something wrong. Or is it forty thousand deaths? A hundred ninety-five thousand? I don't know; it depends on which study you read, and I'm too sick of this whole mess to sort it out.

No, I don't think any of those things would have happened to me if I'd planned a hospital birth. The odds are vastly against their happening to any one person.

And so someone else becomes the statistic for unnecessary stillbirth in the hospital, while I become the statistic for unnecessary stillbirth at home.

What remains is the inventory of my son's life:

A death certificate, an autopsy report, a pile of insurance claims.

Photos of him, dull eyes half open, here in his father's arms, here in mine.

A funeral program with verses by Goethe and Toni Morrison.

Drops of milk that I squeeze from my nipples, fifteen months later, so I can watch the water from the showerhead dilute them into invisibility before washing them down the drain.

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