

Hard Labor

Lynn Z. Bloom

Pregnancy and childbirth have been shrouded by both men and women in mystery and fear. We have been forced into thinking that most physical discomfort and pain resulting from pregnancy is our “lot.” So we submit to the experience and don't feel altogether legitimate in expressing questions, hesitations or fears. Or perhaps we never learned how. (*Women and their Bodies* 110)

Because I am usually even-tempered and cheerful, I react to most of life's tribulations, major as well as minor, with a short memory and a long fuse. But the circumstances of our second son's birth, over a half century ago, remain as sharp and painful as walking over broken glass. Savage neon erupts whenever I recall the conditions under which Laird was born, in one of the best university hospitals in the country. Although I was a healthy mother, in labor and delivery I had no voice, no agency, no comfort, no reachable allies, and no recourse. If I could have known in 1964 what *OBOS* would have told me in 1976 (the edition, now tattered, that I have carried through numerous moves and from which I quote throughout) the events of Laird's birth could have been a cause for celebration instead of the anger that to this day remains incendiary. *OBOS* could have given me the agency that I craved during my pregnancy as well as during labor and delivery, agency that I had tried to promote for other women by co-authoring *The New Assertive Woman* (1975)—a self-help manual on “How to know what you feel, say what you mean, and get what you want.”

At 29, I had been in robust health throughout a completely normal pregnancy, as I had been during my pregnancy with Bard, our first child, born two years earlier. Both were much wanted babies. My husband, Martin, and I figured that our lives could stretch to accommodate two youngsters. So I continued writing the biography of one of the 20th century America's most significant people, Benjamin Spock, MD.¹ His powerful, iconoclastic opening words of *Baby and Child Care*, “Trust yourself. You know more than you think you do,” resonated with millions of mid-century Americans and could indeed have been the mantra for nearly every page of *OBOS*: “Most important, by preparing ourselves for childbirth we will be giving ourselves more control over our experience. We will be able to make educated choices about the way we want to deliver our babies” (266).

Yet despite my assertive credentials and feminist orientation—I did trust myself to have common sense as a citizen, wife, and mother—during labor and delivery I ceded that authority to my male obstetrician and the medical staff of Case Western Reserve University Hospital, in whom I had placed total trust. As I now realize from rereading *OBOS* in preparation for this essay, that trust was betrayed.

If there were feminist alternatives available through midwives or birthing centers, neither I nor any of my friends (we were all having babies) knew about them, and we never thought to ask.

In my innocence, I collaborated in the betrayal of my own wishes by agreeing to induced labor. On a hot afternoon in mid-June, ordinarily in robust health, I nearly fainted as I climbed the hot stairs to the doctor's office for my nine-month checkup. "You're ready to deliver that baby," said the doctor. "Why don't you come in for an induction next Thursday? If we start the labor by 10, the baby will be born by 2, I guarantee it." The obstetrician didn't explain what an induction was beyond getting labor started, and I didn't ask. In every other aspect of life I ask questions incessantly, and frequently question authority. Indeed, I had changed pediatricians after my first visit with my first child when the doctor kept calling me "Mommy" to one who addressed me as "Dr. Bloom." But here my only thought was, "That will be so convenient. We can leave Bard with a neighbor and Martin can arrange to take a day off work."

I had been studying every available manual on child-rearing in connection with my research on Dr. Spock, and was adept at sorting out the best information to use in mothering Bard. I had spent hours choosing perfect baby names, boy and girl. But it never occurred to me to read up on pregnancy, so I was clueless about induction. If *OBOS* had existed, as a combination of feminist manifesto, guardian angel, and wise midwife, I'd have looked up "Induction of labor" and discovered that induction meant "a pre-planned delivery in which labor is artificially started," at the outset by artificially rupturing the membranes, then abetted by a jolt of Pitocin. I'd have also learned that "induced contractions... frequently do not follow the normal wave-like course but reach intensity instantly and remain intense for a long period," often "much more painful than normal." That information would have given me pause. If a more gradual labor was natural, why speed it up if that meant being inflicted with more pain "than normal"? Even more important, given the possible risks involved with induction, "uterine rupture, hypertension, possible water intoxication, prolapse of the umbilical cord, and fetal distress"—all "potentially fatal complications" (284-5)—why endanger my life or the perfectly healthy baby I was anticipating? Having become aware of the risks, I'd have checked *OBOS* against other sources of information² and decided against induction.

That my baby would be born in unnatural haste to accommodate the obstetrician's mass production schedule rather than the timing of my own body was not apparent until we reached the hospital and learned that he was delivering nineteen other mothers concurrently. From the get-go, the entire labor and delivery became an adversarial processes, with the professionals (doctor, nurses, other aides) ganging up in opposition to the amateur (myself). Until I re-read *OBOS* in preparation for this essay, I had thought myself unique, but I was not. I believed that all the other women in labor were treated with compassion and consideration but that because the nurses and other staff were so busy taking care of other patients they had little time for me.

My usual assertiveness was overwhelmed by the effort of labor and I even believed that somehow I must have offended the medical staff by requiring attention at all. My husband—advocate, ally, and best friend—had been exiled with the promise, "When the [local] anesthetic takes, you can come back

in to keep her company.” No palliative worked, and Martin was never allowed to see me until after the baby was born. So I had no support whatsoever. I was left alone for long periods of time in what seemed like total isolation, on a narrow bed in a narrow cell about the size of an MRI machine, devoid of art, music, beauty, or a view. I needed a coach for the breathing-and-pushing exercises I had practiced in a pre-delivery class, but no one was there. No one was there to hold my hand, offer a warm compress, or kindness of any sort. No one was there to talk to, or to laugh with, or to provide diversion if not respite from the pain. However, when I groaned softly, once, while I was pushing, a nurse appeared and snapped “Be quiet!” I wanted to say, “It’s my baby and I’ll have it my way,” but I was working too hard to speak. At intervals, pain relievers were administered—caudal, epidural, spinal, to no avail. “You could have had your baby this way in the jungle,” said the doctor when the baby came, in a rush. By the time Martin was allowed to see me I felt as if I were in shock, freezing cold, teeth chattering, trembling as I held the perfect baby who was whisked away too fast, too soon.

The authors of *OBOS* captured this Everywoman’s scenario as precisely as if they’d been hovering by my bedside. After asserting the fundamental truth, that “rather than being ordinary, [giving birth] is a profound experience, worthy of respect. That the process of labor and delivery is universal to all mothers, everywhere and at all times, dignifies our experience even further.” However, they acknowledge, although we expect “personal support,” answers to questions, and reassurance from “doctors, nurses, and clinic staff we are likely to be disappointed,” our insignificance signaled by long waits and superficial answers to profound questions. “We may even be made to feel that we are downright annoying to the doctor. Inside ourselves we may feel angry and yet powerless to do anything about what we know to be an affront to our dignity.” Although we would like to consider “the doctor as an ally who respects our entire birth process” this is “rarely possible” because “most doctors have been taught throughout their entire medical education to see patients as a class rather than as individual people with special needs. They have learned to treat us paternally; they have been taught that we want them to take care of us, and we as patients often play into that dependent role. The strength and anger that we may feel have no opportunity for expression in the usual doctor patient relationship. We, as pregnant women, are expected to put ourselves in the doctor’s hands, and he or she expects to take control of our birth experience” (267-8). Had I known in the 1960s what *OBOS* so clearly understood in the 1970s, that I was regarded paternally, as a member of a subaltern class (also true of women in American grad schools of the time), rather than as a unique mother anticipating a peak experience, I would have tried to assert what little individuality I could by insisting that Laird be born on his own sweet time, not the doctor’s. It’s hard to know whether this in itself would have nudged the labor and delivery process closer to the *OBOS* ideal.

Fast forward to 1985. After collapsing from months of menstrual hemorrhaging, I am spending a post-op night in the Williamsburg, Virginia, hospital’s OB-GYN wing. My capacious room has matching calico curtains and quilt, a rocking chair, a rag rug on the floor and rubber-ducky soap in the private bath. Through midnight grogginess I realize that a party is going on in the next room, presumably just like mine. I hear voices high and low, men’s and women’s. Although it sounds like a pre-game tailgater, through bursts of laughter I hear cries of “Push! Push!” and realize I am eavesdropping on a woman in

labor. Silence. Then singing. “Push! Push!” Lulled in and out of sleep by the rhythm that never stops, I’m brought wide awake when a cheer erupts. Touchdown! *OBOS* has indeed changed the obstetrical world, one labor and delivery, at a time.

Endnotes

1. Later published as *Doctor Spock: Biography of a Conservative Radical*.
2. Nowadays this would be easy to do by consulting such clear, user-friendly websites as the Mayo Clinic’s advice on “Inducing labor: When to wait, when to induce,” which begins, “Nature controls most aspects of labor—but sometimes nature needs a nudge,” and focuses on factors exclusively affecting the health of the mother or baby (uterine infection, baby not growing as expected...) and none at all on expediency. In the early 1960s, if such information existed, we didn’t know where to find it.

Works Cited

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