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This Month:

A Home Birth

Mental Illness During & After Pregnancy

A Father's Account of His Daughter's Birth

The Importance of the Midwife

Management of Normal Labour

RCM Welsh Board Annual General Meeting

Parliamentary Report

Midwives Elected to the National Boards



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A Long Day's Journey into Life

RICHARD BARR gives a father's account of the birth of his first child, Sophie

WHEN I first met Sophie she was lying back gazing at the ceiling. She looked cross and she didn't recognise me, but perhaps that wasn't altogether surprising. Our meeting had been delayed by 24 hours and, besides, she had never seen me before.

More than a day earlier, Alison, great with child (as they say in the Bible), and I had presented ourselves at the maternity ward of the local hospital. Except it was not called that. It was the "delivery suite".

"We've come to have a baby" we told the receptionist.

Alison was then just over 30. All had been going pretty well to plan, but the gynaecologist had advised that as she was no longer gaining weight and her blood pressure was a little high, it would be as well if she were to be induced.

This meant that we could tell everyone who cared to listen that we were going to have a baby on June 2.

She was whisked off into the ward, while I was made to put on a white coat back to front and banished to a waiting room to read out of date issues of *Reader's Digest*.

When I was allowed in half an hour later, I found Alison draped with tubes and wires. The show, it seemed, was about to get on the road.

I settled down to watch the flashing lights on the monitor. This made the most sophisticated hi-fi look simple in comparison. The main activity came from the baby. The rhythm of its heartbeat was turned into a flashing light and a regular thumping noise. If I had stared long enough it would have hypnotised me.

Less spectacular was the graph of Alison's contractions. Even after a couple of hours this showed that very little was happening.

I half heartedly read the Tom Sharpe book I had brought in with me. Normally, Tom Sharpe, with his grotesque humour, has me giggling helplessly by about page six. His magic, like the drip attached to Alison, did not seem to be working that day.

The problem with the drip had an explanation. The hospital staff had overlooked the fact that Alison had no veins—or at least not easy ones to get at. For hours the drip had been pumping into the tissue under her skin. This only came to light when pressure in the tube built up to such an extent that a connection burst and abruptly sprayed the room. It happened so suddenly that I almost gave birth myself. Alison remained unmoved.

From time to time I would take a tour of the maternity ward—sorry "delivery suite"—and meet keen young would-be fathers. They all seemed very confident.

"Usually takes only half an hour" said one, looking at his watch.

Almost on cue there were a couple of loud pants from down the corridor followed soon afterwards by the petulant yell of a baby not liking its first taste of life out of the womb.

None of the other fathers had to wait very long. But time seemed to hang heavily for me. There was a change of shift. New nurses, new midwives took over. Hormones continued to drip into Alison. Soon I was dripping with coffee. The staff felt they had to give me something to do as my eyes idly skimmed the pages of the Tom Sharpe novel.

The day wore on. I took long exploratory walks around the hospital. My apology of a white coat gained me admittance to every part of the building. I took a peep inside the kitchen—but was beaten back by the smell of cabbage. I checked out the laundry and the central heating system; but there is a limit to the excitement—even in a large general hospital.

Something did begin to happen inside Alison. The contractions started to increase in intensity. The midwives made approving noises. Already Alison had been in the hospital longer than anyone else. It became a matter of principle that the shift of the moment should be the one to deliver the baby.

Then it happened. No one was around at the time. As a diversion from Tom Sharpe I had already read the instruction booklet for the monitoring machine several times. I knew by then what all the flashing lights and warning noises meant. The alarm which went off indicated that the baby's heart had slowed down dramatically. Alison and I were alone in the room at the time. Several people came running when I pressed the panic button on the wall.

A Small Part

A man plays a small part in having a baby. His little act of pleasure nine months earlier sets the ball rolling. After that he need do nothing more—ever. I was determined to be involved—and make it a joint venture. I read the books on babyhood for fathers. I went to the classes.

But it is not as easy as it sounds. Just as a man does not have the pain and discomfort, so he also does not share the physical changes which take place while a baby grows inside a woman. In principle I had wanted to have children. We had been married seven years and had made a positive decision "to start trying for a family" or more accurately—to stop trying not to have one!

During those nine months I never quite got onto the baby's wavelength. I sometimes felt lonely as Alison broodily collected around her the nappy buckets, the cot, the bedding, the bath and all the other paraphernalia of modern motherhood. It seemed to be something that was between her and the baby alone.

Even on June 2, it still seemed her show, and my rôle was only a supporting one.

Then all was changed in an instant by that alarm. The staff were at once very reassuring. It was nothing to worry about, they said. But their hands shook as they said it, as

they set about resetting the monitor and as they called up the obstetrician.

The baby, and possibly Alison too, were suddenly at risk. It was not going to be as easy as shelling peas. There were doubts now. There even might not be a baby at all.

The whole process became mine again, because now it was vitally important to me that both lives should be preserved. That little living creature inside Alison must survive.

For hours my eyes were glued to that monitor. Every change in the rate of the baby's heartbeat sent a stab of adrenalin through me.

I hardly noticed another change of shift. It was now dark. The contractions were building up, but so was the discomfort. Alison was growing weary. She was dropping off to sleep between contractions, waking only to take a breath of pethidine to kill the pain.

On we went through the night. Now and again I would take a walk around the hospital. I was not exploring now—just trying desperately to stay awake. I would grab a quick coffee from the cafeteria and rush back to the ward to lock onto the monitor and hold Alison's hand at each painful contraction.

It was one of the hottest nights of the year. Outside in the hospital grounds, night birds went their rounds and made their eerie noises. At three am I tried to shake off sleep by sprinting from one end of the car park to the other. A passing night-watchman frowned, then shrugged his shoulders. He was obviously used to the eccentricities of expectant fathers.

I saw the dawn break, then a little later the shift changed. We had done the complete cycle.

"What! You still here?" exclaimed the astonished midwife. She just could not believe it. She wanted to know if we were trying to get into the Guinness Book of Records.

By then I was too tired to muster more than a weak smile.

I was sent to the waiting room while they changed Alison. Within about 30 seconds I was asleep. I was woken not many minutes later by a young hospital doctor. She told me that they had decided to give up the unequal struggle. They thought the baby was facing downwards instead of up (or the other way round) and delivery would in any event be difficult. Would we agree to a Caesarean operation?

Neither of us made much sense to each other or the outside world, but we semaphored our agreement. Clearly Alison could not go on for much longer—and she still had not reached the second stage.

Unshaven and Crumpled State

So it was decided. I signed the form—and was told to go away and come back after lunch. I was reluctant but acknowledged that I was little use in my present exhausted, unshaven and crumpled state.

I drove home very dangerously, hurled myself into bed and soaked the pillow in tears. It was wonderful. For the first time in 24 hours I could release all those pent up feelings.

I slept a little till the telephone rang: an anxious friend. I told her all. I expect that cured her for all time of ringing anyone to "find out how things are going".

After lunch I presented myself back at the hospital showered, changed and clean shaven.

But Alison and the baby were nowhere to be seen. I rushed from ward to ward. At last I found what I thought was the right one.

Words were difficult to find. Eventually I managed to convey to a stern ward sister that I thought that my wife might have given birth—but I wasn't sure.

"Ah yes. I think we have your baby. What was the name again?"

She showed me into a large room full of what appeared to be fish tanks. All but one were empty. The one contained a small hunk of humanity with a shock of black hair.

"That one's yours", said the sister airily. "Do you want to pick her up?"

Sophie.

She looked like nothing on earth—small, wrinkled, helpless and red with anger, but just then she was to me the most beautiful object in the world—justifying a million times over the anguish and stress of the longest day in my life.

Footnote. *Sophie is now eight—and is blonde, beautiful and very bossy. She was joined about 2½ years later by Nicholas. He was born by Caesarean section too—but without the wait. We both watched him being born—with the help of an epidural.*

I never did finish the Tom Sharpe book. In fact I have never read another by him since.

"As I sit here. . .

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who proudly point out the toddlers I delivered. I may never have been a brilliant midwife but I was never a bad one either. I am well enough to go back to work but I am not so foolish as to believe that I will be allowed to. The local maternity unit refuses to employ part-timers, let alone consider job-sharing, leaving themselves short of staff and quite a few midwives on the "dole". Besides which, my illness will not have gone unreported, since I was admitted locally. At a time in my life when I have never before been so fit for work, I cannot do the one thing I always wanted to do.

In discussions about the exodus of trained nurses and midwives from the professions just when they are most in demand, pay and working conditions are usually quoted as the major causes, and I have no doubt that they are. But I feel that my story illustrates another reason sometimes mentioned, that is, the lack of care in the caring professions for their own members. I think that that is one of the things which makes me saddest, as I sit here, ready, able—and unemployed.

Since writing this article the author has discontinued lithium and remains well. She is, however, still unable to find work.