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THE NATURAL WAY COUPLE'S USE OF A MIDWIFE FOR BIRTH LEFT THEM IN CHARGE.

PRIMROSE OIL.

Three capsules by mouth in the morning and three at night, Neldara Dowell advised her patient, a very pregnant Stacey Conlogue.

Stacey nodded.

Then after the 38th week, Nell continued, insert them in your cervix. Stacey stared.

``Why?" she asked.

``To soften your cervix. So you can have an easier, and, hopefully, shorter, labor."

The oil, an extract of the evening primrose plant, would probably never be on a doctor's list of aids for a smoother, less painful childbirth.

But, then, Nell was no doctor.

She was a certified nurse midwife, licensed and trained to deliver babies and to approach pregnancy and childbirth with a philosophy different from that of most doctors. To her, the two were natural occurrences - not medical conditions. It was her job to enhance women's birth experiences, to educate them about their bodies, and to advocate for their choices.

``Fine with me," Stacey said, agreeing to follow Nell's advice. ``I was tired after the last one."

The last one - the Conlogues' first child, Brenden - was now nearly 2 years old. The delivery in a military hospital in Hawaii by an obstetrician convinced Stacey and her husband, Jeff, that they wanted a different kind of birth with their second child.

No drugs. Little or no medical intervention. Freedom from monitors and IVs and other machines. The ability to keep the baby with them for as long as they wanted after birth.

In short, they wanted control.

They had their own detailed plan for the experience, and they needed a strong advocate to help them follow it.

So they found Nell, one of a handful of certified nurse midwives in South Hampton Roads, one of 126 in the state.

In 1910, midwives - the word means ``woman assisting" - delivered about half of all babies in this country. But by 1980, childbirth had been moved into hospital rooms filled with shiny equipment and turned over to the purview of doctors. That year, fewer than 2 percent of all births were attended by midwives.

Now, midwifery is enjoying a resurgence as couples like the Conlogues

demand more choices in the birthing process.

In 1994, midwives helped deliver more than 5 percent of the babies born that year, most of them hospital births. And 31 states, including Virginia, mandate private insurance reimbursement for nurse-midwifery services.

For the Conlogues, a midwife made all the difference. In ways large and small, Nell helped them turn their vision of what childbirth should be into a reality.

THE COUPLE

The Conlogues' tiny townhouse apartment is a testament to the kind of life they lead.

Located on the Northwest Naval Security Group Activity base in rural Chesapeake, it is filled with cross-stitched homilies, including a tissue container that reads: "Home is where the Navy sends us."

Jeff, a communications assistant in the Navy, is an avid community volunteer, working with Special Olympics and repairing run-down houses as part of Paint Your Heart Out days.

Stacey, a stay-at-home mom since she left the Navy a month before Brenden was born, passes her days in a blur of housekeeping, errands and activities with their toddler, including a co-op play group on the base.

Stacey was eight months pregnant with Brenden when she and Jeff toured the maternity ward at the hospital in Hawaii. There, the nurse briskly read them the rules: All women had IVs; babies who were born blue were immediately taken to the nursery; babies could only be kept in the delivery room 10 minutes.

By the end of the tour, Stacey was in tears. She'd take her chances and have the baby at home, she told Jeff.

But after a private discussion with the unit's head nurse and their doctor - who promised to do the delivery, whether or not he was on call - the Conlogues agreed to have the baby in the hospital.

Brenden's birth, Stacey says, wasn't too bad - thanks to their doctor. However, Stacey still had to be tethered to an IV. She was still hooked up to a fetal monitor to track her contractions, required to undergo painful internal examinations to check her dilation. After the birth, they could only keep Brenden with them an hour before he was whisked away to the nursery. And the biggest stress, they said, "was worrying about what they would make us do."

This time, the Conlogues didn't want that worry. If nothing was wrong with Stacey or the baby, they wanted to labor their way.

The Conlogues planned to use the Bradley Method, a form of natural childbirth that relies on systematic relaxation to help women through labor and delivery.

Couples train for 12 weeks to deliver the Bradley way, and the husband is very involved, providing special massage and emotional support throughout.

Stacey went down the list of doctors approved under the Navy's HMO, Tricare Prime. With each call, she asked if the doctor knew about the Bradley Method. And each time, the receptionist said no.

Until she reached Dr. George Rector's office.

His receptionist had also never heard of the Bradley method.

“But Nell might,” she said. “Nell's our midwife. Why don't you come in and talk to her?”

Stacey hadn't really thought about delivering with a midwife. She didn't know they were available in this area, or if Tricare would cover it. She didn't even realize they delivered babies in hospitals.

A midwife, Stacey thought. That sounds interesting.

She made the appointment.

THE MIDWIFE

After 17 years as a labor and delivery nurse, Nell Dowell, 40, wanted more.

She wanted to be the one putting her hands on the baby's head and guiding it out. She wanted to provide more support to laboring women than she could as a nurse. And she wanted to know more about her patients - before they came into the delivery room.

She wanted to be a certified nurse midwife, a licensed nurse practitioner who receives special education in women's health issues and who learns to treat pregnant women and deliver their babies. But with three kids and a husband - and no training programs in the area - she didn't see how she could do it.

Then another nurse-midwife came to Chesapeake General Hospital, where Nell worked. How old will you be, she asked Nell, when you decide you're going to do it?

That was the push Nell needed.

She spent two years getting her master's degree in nursing at Old Dominion University. Then, in 1995, she entered midwifery school at the University of Medicine and Dentistry of New Jersey.

During the next 15 months, she shared a small apartment in Trenton with another midwifery student, returning home only every third weekend, studying, going to classes and delivering babies.

Always delivering babies.

The nurse-midwives at the university hospital ran the hospital's teen clinic. That meant many deliveries were high-risk and complicated.

Nell's first delivery on her own was a 15-year-old with complications who was having a low-birth-weight baby.

Despite the thousands of deliveries she had seen, the hundreds of times she'd practiced with dolls, when the time came to put her hands on the girl's birth, Nell's main thought was: “Oh, my God.”

Nell delivered the baby in a haze, forgetting in her excitement that there was even a person attached to the baby.

It was a lesson she'd never forget again.

When Nell finished her studies, she faced a new challenge. Where to practice?

She knew that Hampton Roads was saturated with obstetricians and that it was a medically conservative area, with only a handful of midwives.

But she didn't want to uproot her family.

Like Stacey, she started down the list of practitioners.

And, like Stacey, she found Dr. Rector.

Even before he hired Nell, Rector was an anomaly in this day of large, ob-gyn groups. For 12 years, he'd practiced alone. But now he wanted to increase the number of deliveries he did.

For that, he didn't need another obstetrician.

He hired Nell.

Today, most midwives have hospital privileges, practice in conjunction with obstetricians, and deliver most, if not all, of their babies in the hospital, calling on a doctor only in the case of an emergency.

It's an arrangement endorsed by the American College of Obstetricians and Gynecologists, which terms it "collaborative practice."

Midwives primarily handle low-risk labors and deliveries, although some are branching out to more complicated births, like multiple births.

Nell frees Rector to spend more time with his gynecological patients, who sometimes require surgery or more extensive medical care than Nell can provide. And to concentrate on more complicated labors and deliveries.

If Nell has a patient with complications, she consults closely with Rector, calling him as needed for appointments or even the delivery.

Their philosophies mesh and are guided by written protocols. Rector is known in the area as a noninterventionist doctor, with one of the lowest C-section rates in the hospital.

And he's an advocate for Nell.

While Nell had no trouble getting hospital privileges at Chesapeake - that ground had been broken by other nurse-midwives already - it took longer to get privileges at Sentara Bayside Hospital, the other hospital where the two practice.

Rector chalks it up to physician jealousy.

"It's very difficult for some physicians to realize that nurse midwives, with 18 months or two years of training, can do some of what we did when we went through four years of medical school and four years of residency."

THE PREGNANCY

Stacey's pregnancy proceeded relatively uneventfully, with the exception of the gestational diabetes she developed. It occurs in about 5 percent of all pregnancies, triggered by the stress of the pregnancy on the mother's body, and is usually controlled with diet.

Nell, who received extensive training in nutrition during her schooling - something doctors rarely get in medical school - sent Stacey to a dietitian and diabetes educator. They showed her how to test her blood sugar every day and helped her design a food chart. Each week, during her visits with Nell, Stacey brought her food diary and blood results, and together they went over them.

In her 37th week, Stacey learned she was positive for beta strep, a bacteria that is present in about 20 percent of all women. In rare cases,

women can pass the bacteria on to their babies, causing a serious infection.

It meant that Stacey would need intravenous antibiotics when she entered the hospital. However, Nell promised that she would use a heparin lock, a device that would allow her to transfuse the antibiotics once every six hours, instead of leaving Stacey hooked up to an IV throughout labor, as many physicians might.

It was in the Conlogues' birth plan.

The couple had written the two-page plan on their home computer, detailing everything they wanted for this labor and delivery - and where they were willing to compromise.

Among their requests, many of which would require Nell's intervention to facilitate, were:

A squatting bar and mirror, so Stacey could deliver squatting and watch the birth.

Limited monitoring and measuring and no episiotomy (in which the woman's perineum is cut with a scalpel during delivery).

Not cutting the umbilical cord until it stopped pulsating. Most physicians immediately clamp and cut the cord once the baby is born. But the Conlogues felt that waiting would allow all the placental blood to transfuse through the cord, helping the baby's circulation.

They asked that the baby not be taken from them at all and that they give it its first bath.

Nell had no problems with the birth plan, something many doctors, she said, are loath to even consider. And she promised to have a variety of juices on hand to keep Stacey hydrated without the need of an IV. Most hospitals and doctors forbid laboring women to take anything by mouth once they enter the hospital, fearing complications if an emergency C-section is needed.

"We also plan to labor as long as possible at home," Stacey said.

"No problem," Nell said again. "I let you do what you want to do. Your body will tell you what you want to do."

On one of her last visits to Nell, Stacey had a bad cold.

Nell suggested Sudafed, an over-the-counter medication considered safe for use during pregnancy. But when she saw the look on Stacey's face, she changed her mind.

She personally went to the health-food store to investigate what was available and recommended pulsatilla, an extract of the meadow anemone plant.

The herbal remedy cleared up Stacey's clogged nose and left her with peace of mind.

Nell's knowledge of alternative therapies, gained during her midwifery training, was one few doctors had available. Without Nell, Stacey knew, she would either have suffered the stuffed nose or have had to take a medicine she just wasn't comfortable with.

LABOR

By 5 a.m. Sunday, April 27, the contractions were steady. A low, dull pain about every seven minutes. Too agitated to sleep, Stacey lay in bed thinking,

trying to suppress her excitement.

When Jeff dressed that morning, he put on a T-shirt that said "Coach," with a picture of a gowned-and-masked man carrying a pillow and suitcase. He was ready.

Around midmorning, Stacey and her best friend, Kellie Smith, decided to make the 20-minute drive to the Food Lion for groceries. Along the way, they stopped to pick strawberries.

When they paid for the buckets of berries, the farmer's wife asked when Stacey was due.

"She's in labor right now," Kellie said proudly.

"Oh, my goodness, well, there's an emergency center right down the road."

"No thank you," Kellie said, giggling.

Back home, things were hectic as Jeff tried to entertain three kids: Brenden and Kellie's two children, Alex, 5, and Sydney, 2.

When Stacey and Kellie came in, arms loaded with groceries, the excitement increased.

Stacey called Nell.

"We're having contractions . . . about 7 1/2 minutes apart . . . since 5 a.m. I can still talk and breathe through them. And walk around. . . . Yeah, we're going to be here a while."

She hung up and turned to Jeff, telling him: "She said something she didn't explain before was that second labors go quicker. And we could go from 5 to 10 centimeters in 20 or 30 minutes."

The warning was prophetic.

As the day continued, Jeff filled his role of watching for Stacey's "emotional signposts." They were a cornerstone of the Bradley Method. First signpost: excitement. Followed by seriousness as hard labor set in, then self-doubt as the pain got worse. It was Jeff's job to recognize the signposts and coach Stacey through them.

Meanwhile, they still needed a name.

"Trevor if it's a boy," Jeff said with certainty. "And if it's a girl?"

"We like Briana. And Alycia. And Allison," Stacey said. "It will probably be a girl, because we don't have any names picked out."

After lunch, the house quieted as the Smiths left and Brenden went down - fighting all the way - for his nap.

With the quiet came a cessation in Stacey's contractions. She and Jeff, trailed by their dog, Spike, went out for a brisk walk, leaving a friend with Brenden.

Midway through the walk, the first truly intense contraction hit. As she felt the deep, strong pulling low in her abdomen, Stacey stopped and went limp, her eyes closed, breathing as her uterus tightened.

But that was all, and by 3:30, when the contractions had slowed again to about 10 minutes apart, she began to get impatient.

She called Nell.

"This is what I did with Brenden, and that's what's so frustrating," she said. "I know, I have to be patient."

Nell suggested a nap, so Stacey went upstairs to lie down.

It was very comforting to Stacey to be able to call Nell directly. The midwife had given the Conlogues her pager number months ago; now they had her home number as well. She even offered to come to their house and check Stacey, with the labor, if that's what the couple wanted.

But the nap seemed to work. Maybe it was finally relaxing in the quiet room. Maybe it was the baby's sending out signals that it was ready to be born. About an hour and a half after she lay down, Stacey was downstairs, hungry, with more intense contractions.

Jeff heated up a shepherd's pie for dinner.

By 5:30, Stacey was in full labor.

Jeff brought down the blue corduroy recliner from their room upstairs, turned off the lights, closed the blinds and lighted several scented candles.

The only sounds in the apartment were Stacey's heavy, slow breathing as she focused through each contraction, the ticking of a clock and the soft melody of guitar and harp from the New Age music on the stereo.

The laughing young woman with the toothy grin was gone now. Stacey's face was grim, serious. Every ounce of energy was focused on the waves of pain coursing through her body. She had back labor, a ripping pain in her lower back, with every contraction. She'd walk, then lean over the kitchen counter with each contraction, as Jeff massaged the small of her back.

She sat on the glider hassock and slowly rocked back and forth, her face slack with concentration. Jeff sat inches away, his eyes glued to hers, searching for any sign of tenseness.

"You're doing great," he murmured in a slow, gentle voice. "Just relax, relax."

"You want to call Nell?" she asked after another contraction. They were about two minutes apart.

"You want me to?" Jeff asked.

"I feel like we should give her an update."

Then she leaned against Jeff, draping her arms around his neck as another contraction hit. "How far apart was that one?"

"None of your business," Jeff said.

"Yes it is," she snapped.

The emotional signposts were clicking by.

With each contraction, Stacey filled her mouth with air and blew it out loudly, as a child might blow bubbles. She was restless, now sitting and rocking, now standing and walking around the apartment, sipping on an oversized cup of ice water. First cold, wrapping a red sweater wrapped around her. Then hot, letting the sweater fall to the floor.

In between contractions she sat perfectly still, her head bowed, back rounded, breathing deeply, preparing for the next wave.

The contractions were now about one minute apart.

"OK," she said as another one started. "This is a big one." The moans began deep within her, pushed out with each breath.

One more intense contraction in the kitchen and Stacey looked at Jeff.

“I'm feeling like I have to push at the peak of every contraction,” she said.

At 6:35, Jeff called Nell.

“Stacey is really starting to do good now. She rested for a while but it's really picked up. . . . You think we should, huh? OK. Bye-bye.”

By 6:45 they were in their green Plymouth van, Stacy lying on her side in the middle seat, Jeff driving.

“OK, hon?” he asked, as another moan came from the back seat.

No answer.

“Talk to me,” he said, reaching an arm behind him to touch her.

“Relax.”

However, Stacey was in another realm. Riding the pain like a giant wave as it lifted her higher and higher, only to drop her down again for another ride up. And the urge to push was intense. Please, she prayed, please let me reach the hospital. I need to have this baby in the hospital for my own sanity.

At 7:09, Jeff pulled into the parking lot behind the emergency room at Chesapeake General Hospital.

THE BIRTH

Through the emergency room, past the lady with the swollen legs holding a bloody bandage around her hand, into the main hospital, following the signs for the elevator. As the doors opened on the third floor, another contraction hit. It went on and on, while people struggled to keep the elevator doors open. An employee returned with a wheelchair, which Stacey brushed aside as she waddled down the hall to labor-and-delivery, the urge to push stronger, stronger.

Nell waited in the lobby. As soon as she saw her, Stacey relaxed. It was such a relief to have Nell there, instead of waiting for her to arrive, as she'd had to wait for the doctor during Brenden's birth.

“Are you huffing and puffing?” Nell asked, putting her arm around Stacey.

“Yeah.”

“Check her in,” Nell directed the woman behind the counter.

“Social Security number?” the woman asked.

Stacey started to answer when another contraction hit, and Jeff recited the digits from memory.

“You look awfully good,” Nell said, smoothing Stacey's hair.

“I bet you say that to all your patients,” Stacey gasped as the contraction ended.

With a nurse, Luz Igana, in tow, the group walked as quickly as Stacey could make it to the delivery room at the end of the hall.

“This looks like a party,” a passing nurse said.

“It is,” Nell said. “A birthday party.”

Stacey was in the bathroom changing, Nell by her side, when another mammoth contraction hit.

Now her control started to slip.

“Oh, oh,” she cried.

Nell gave up any hope of getting the heparin lock with antibiotics into Stacey's arm. "She's started. She's pushing," Nell said.

"Will the baby be all right?" Stacey asked, worried about passing the strep infection on to the newborn.

"The baby will be fine. They may just want to keep you for two days," Nell said. "I know that's not what you wanted, but let's be flexible now."

With Nell and Jeff each holding an arm, Stacey walked back into the room. She stood by the bed and leaned over, resting her elbows on the mattress.

Suddenly, there was a loud splash.

"Water broke," Luz said, glancing at the clock. "19:19."

"Do you want to stand up like this and have the baby or lay down?" Nell asked.

It was a key tenet of midwifery that women should be allowed to deliver however they wanted: standing, squatting or sitting. Lying down, the typical position for pushing, was absolutely the worst way to deliver a baby, midwives said, because women were forced to work against gravity, instead of with it.

But then it didn't matter.

"I see some head."

"Oh, it hurts, it hurts," Stacey called. "It burns."

Nell knelt on the floor, watching the baby's head come out of Stacey's body.

"You're doing good, Stacey," Luz said.

"Lord, please, ohhhh, it burns," Stacey cried.

"Well hello there," Nell said, as the baby's head descended. And then, with a practiced twist of her hands, Nell turned the shoulders slightly and the baby slipped out.

There was no doctor in the room. Just Nell, Luz and the Conlogues as the baby entered the world.

Nell passed the baby through Stacey's legs to Stacey and Luz's waiting arms, and, still standing, the baby still attached to her body by a long, pink-and-blue cord, Stacy saw her daughter for the first time.

"Oh, sweetheart," she said. Then Jeff noticed the cord around the baby's neck. Nell reached around and slipped it over the baby's head and Stacey cradled her daughter against her chest. The baby cried for the first time, as Luz suctioned mucous from her mouth and lungs. A few breaths of pure oxygen from the mask hanging by the bed and she glowed pink.

Nell helped Stacey into the bed.

"Oh, you're a tiny thing," Stacey said to her daughter.

"Time of birth," Luz said, "7:21."

Stacey leaned her head back on the pillow, the baby against her breast, Jeff at her head. "Oh thank you, Lord," she said.

The baby nuzzled Stacey's breast, and she helped the infant find the nipple and latch on to nurse. After a few minutes, the cord stopped pulsing. Nell clamped it and handed the scissors to Jeff.

"Thank you, Nell," Stacey said as Jeff cut the cord.

"I didn't do anything, Stacey."

A few minutes later, Nell delivered the placenta. She held it up to show Stacey.

``It's just amazing," Nell said. ``To think that two cells can do this. It just never ceases to amaze me."

There was still one thing left to do.

``Stacey," Jeff said. ``What's the name?"

``Alycia," Stacey said. ``Alycia Brianne."

And with paper cups filled with orange juice, the new parents, the nurse and the midwife all raised their arms in a toast.

``To Alycia," said Nell. ``Happy birthday."