

My Grandmother, My Midwife

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“You’re having your baby at home?” my mother gasped when I told her my plan for delivering my third child. “You’re 43 — are you crazy?”

All I had to do to quiet her was ask, “Where were you born, and how old was Nona when she had you?” The answer was at home on the farm in Plymouth, Mass., at age 43. In fact, all of my Italian grandmother’s 10 children were born at home.

When I became pregnant with my third child in 1992, I was convinced that a home birth was the best thing for me and my baby, contrary to the misgivings of most of my friends and family. I knew that to be successful I would have to call upon Nona, who’d died at 94, as my spiritual and emotional midwife.

My first baby was born in a large urban hospital in 1985. I wanted only the healthiest, drug-free environment for my child. My husband and I had written a birth plan that specified no anesthesia, no labor-inducing medications, my husband’s presence, and breast-feeding only. I trusted my Yale-educated, feminist obstetrician. Yet she scoffed at my directives, stating, “Things often don’t go according to our plans.”

They didn’t. From the 32nd week, I’d been telling her that it seemed that the baby’s head was up under my diaphragm instead of down toward my pelvis where it belonged. “That’s its tight little butt,” she replied smugly. Two weeks after the due date, after 15 hours of contractions, an ultrasound determined that my child was indeed breech, and I was rushed into the operating

room for an emergency Caesarean section. Given general anesthesia, I was out cold with my husband in the waiting room. When I came to, I learned my baby had been given sugar water for the first drink rather than my nutritious breast milk.

I swore it would be different next time.

Two years later, in my quest to regain control in the delivery and avoid the complications of C-section — the longer recovery time, nerve damage, and postpartum depression I'd experienced — I switched to a smaller Bronx hospital and found a physician who was skilled at vaginal births after Caesareans, a rarity. This “natural” childbirth was much more fulfilling. But the doctor's technique of squeezing the baby out by pressing forcefully on my abdomen every time I pushed, left me feeling like a used tube of toothpaste.

For my third delivery I wanted to have my dreamed about, noninterventionist experience that would give me back my power over what was happening to the baby coming out of my own body. I thought about Nona in her big brown-shingled farmhouse in the winter of 1918, assisted at my mother's birth by her 15-year-old daughter Elizabeth (my name's sake). I visualized my strong grandmother right after delivery. As family lore had it, she gave orders from bed to my aunt to strip the sheets and soak them in the icy water of the nearby cranberry bog. It seemed so simple back then to have your baby at home, but it was way more complicated now.

Mine was a “geriatric pregnancy” (now called Advanced Maternal Age) the term used for having a baby at age 35 or older, which put me at high risk for hypertension, diabetes and miscarriage. Not only that, my uterus was scarred from the surgery, raising the possibility of uterine rupture.

My older sister, married to a physician, said, “Better to go to a hospital, where necessary precautions can be taken.” Well-meaning friends felt compelled to warn me of the dangers. Still, I refused to view this pregnancy as pathological. I would take safeguards to protect me and my child and keep me in a positive mind set. And I would channel Nona.

Born in a village in Northern Italy, my grandma had no formal education beyond grade school. She raised her children “without using any psychology,” my mother bragged, referring to Nona’s lack of book-learning. She crossed the ocean with three small children, arriving at a pier in Boston in 1902 to join her husband. Members of the community of Italian immigrants in North Plymouth came to her for advice. Nona was their unofficial midwife and had brought a number of babies into this world in their own dwellings.

Without that same sort of approval from my peers, I devised a strategy for success by creating my own village. I joined a support group of women who’d had previous C-sections and wanted to have vaginal births. We educated ourselves at our monthly meetings on how to achieve this. Through them I found a certified nurse-midwife who had physician backup in a nearby hospital. My husband and I took a course in delivering at home that explained exactly what materials were needed, what exercises to do, and how to stay active to keep the contractions strong. I found a doula to provide physical, emotional and informational support to me and my family during labor and after the baby was born. I emphatically told the naysayers, “My grandmother gave birth in her own house 10 times. I should be able to do it once.”

Months later, in the throes of labor, I looked across my bedroom to my dresser mirror where I’d hung the amethyst rosary beads, a cherished keepsake of Nona’s, passed down to me after her death. Conjuring up her strength, I gave birth to my healthy, nine-pound son at our

Bronx abode. When my eldest yelled out the window to the neighborhood kids that I'd had the baby, it was like the white smoke heralding the election of a new pope. I can't say I did it alone, because my midwife, husband and doula were all attending to me while my two children played securely downstairs with my sister's daughter. I can say that I pushed my third baby out under my own efforts without medicinal, physical or surgical interventions. Like my grandmother before me, I did it with the love and comfort of family and friends — an old-fashioned support system. Sometimes, to move forward, it's helpful to go back to our roots.



Lauren Taylor, doula; the author holding baby Felix; Sandra Fields, Certified Nurse-Midwife (now retired). (Photo by Michael Holoszy)