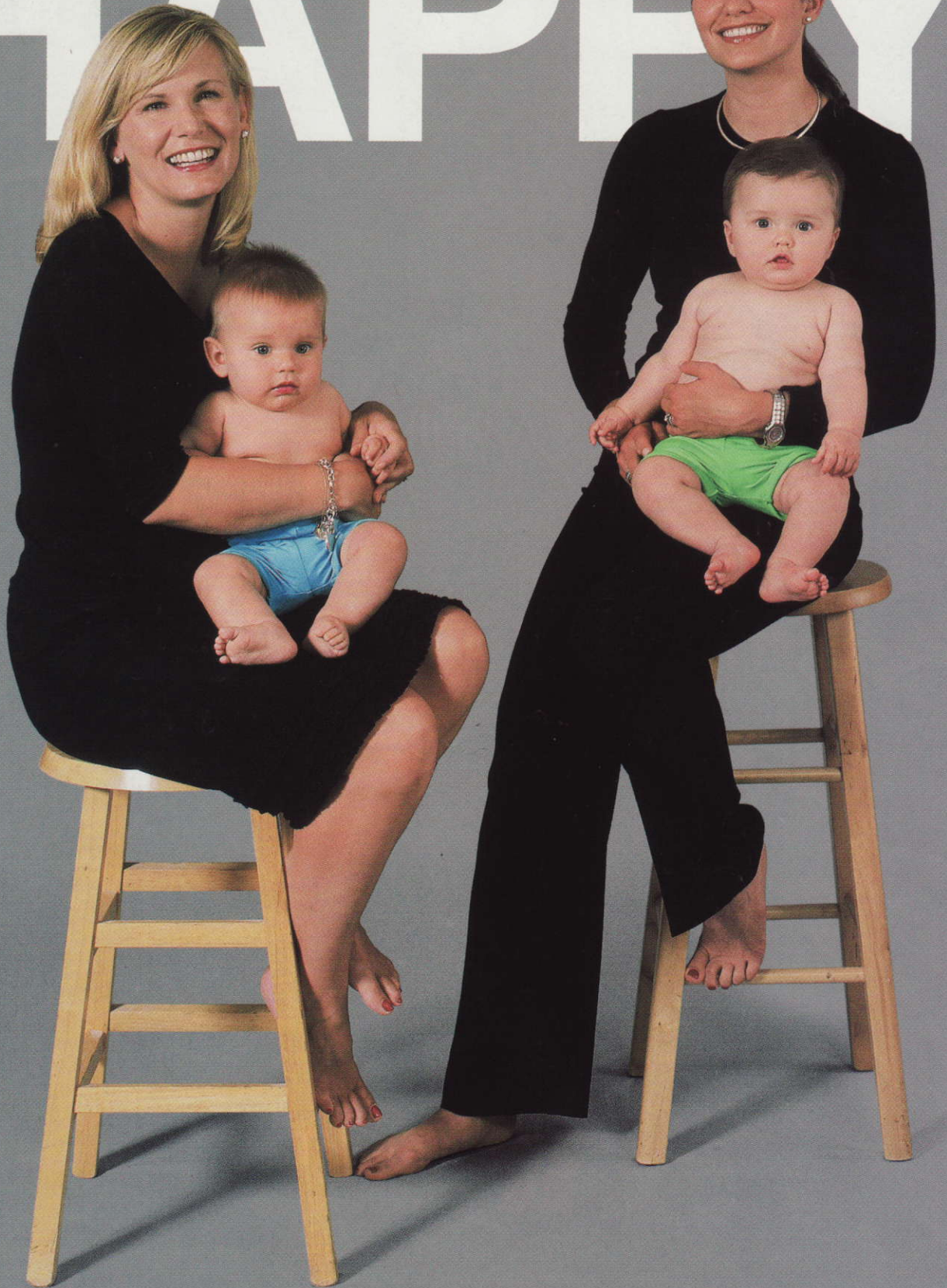
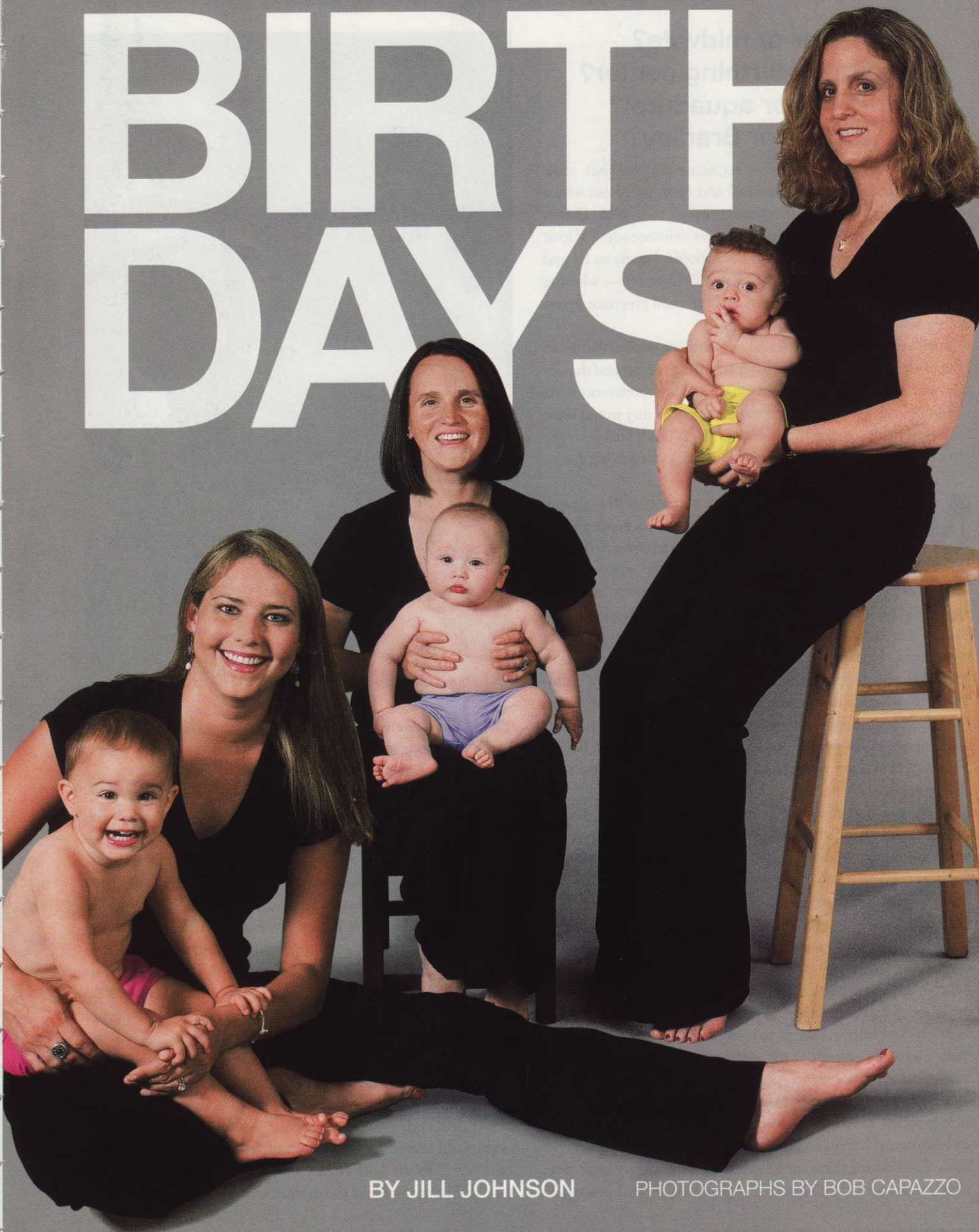


HAPPY



WHERE AND HOW TO GET THE CHILDBIRTH EXPERIENCE YOU WANT

BIRTH DAYS



BY JILL JOHNSON

PHOTOGRAPHS BY BOB CAZZO

Doctor or midwife? Hospital or birthing center? Epidural or aquadural? Lamaze or Bradley?

Moms-to-be have choices — so many choices that some pregnant women feel overwhelmed and confused about where and how they want this momentous event to unfold. Others aren't even aware of all the options; most deliveries on TV look the same (a woman lying on her back, hooked up to an IV and beeping fetal monitor) and even Rosie O'Donnell — who has never given birth herself — frequently advised pregnant guests on her talk show to “get the epidural!”

With at least five hospitals and two birthing centers within an hour of Greenwich, expectant parents in this area can find the setting and team that best suit their “birth day” preferences. As researching all the options and touring every facility would leave little time for decorating the nursery, GREENWICH has done the groundwork to help narrow down your choices for the big day.

Most experts and new moms agree that the people involved in your baby's birth will have a much greater influence on your experience than where you deliver. Doctors are more likely to take a medical approach to “delivering” a baby, usually in a hospital, whereas midwives view childbirth as a more natural process in which the woman “births” her baby in a hospital, birthing center or even in her own home. However, Lisa Gould Rubin, a *doula* (a woman trained to give support during pregnancy, labor and after childbirth) in South Salem, New York, and founder of the Good Birth Company, explains that “midwifery is a philosophy; either a doctor or a midwife may or may not subscribe to it.” Whether a woman chooses a natural or more medical birth, Lisa says, “Every approach is valid.”

Today the majority of Americans choose to have doctors deliver their babies in hospitals. Yet as more people are reverting to the belief that women's bodies can handle childbirth without medical intervention, midwives are regaining popularity. Midwife-attended births, also mainly in hospitals, rose from 147,000 in 1989 to 278,000 (9 percent of all births) in 1999. Women who opt for midwives desire more attention during prenatal visits (midwives spend thirty to forty-five minutes with a patient; doctors average five) and less medical interference during labor. A recent survey of 1,600 moms nationwide, conducted by Harris Interactive, reveals that interventions are all too common. Sixty-one percent of the women had between six and ten medical interventions (such as electronic fetal monitoring, an IV, Pitocin to induce labor, or bladder catheterization) and 43 percent reported having three to five major interventions (such as an episiotomy, forceps or vacuum extraction, or a C-section) per birth. Considering these statistics and the national cesarean rate, which is at an all-time high of 25 percent (up from 5 percent in



Margo Murray and Tucker

1970), some moms-to-be feel more comfortable in the gentle hands of a midwife; others still feel safer with a doctor who is highly trained in complicated births.

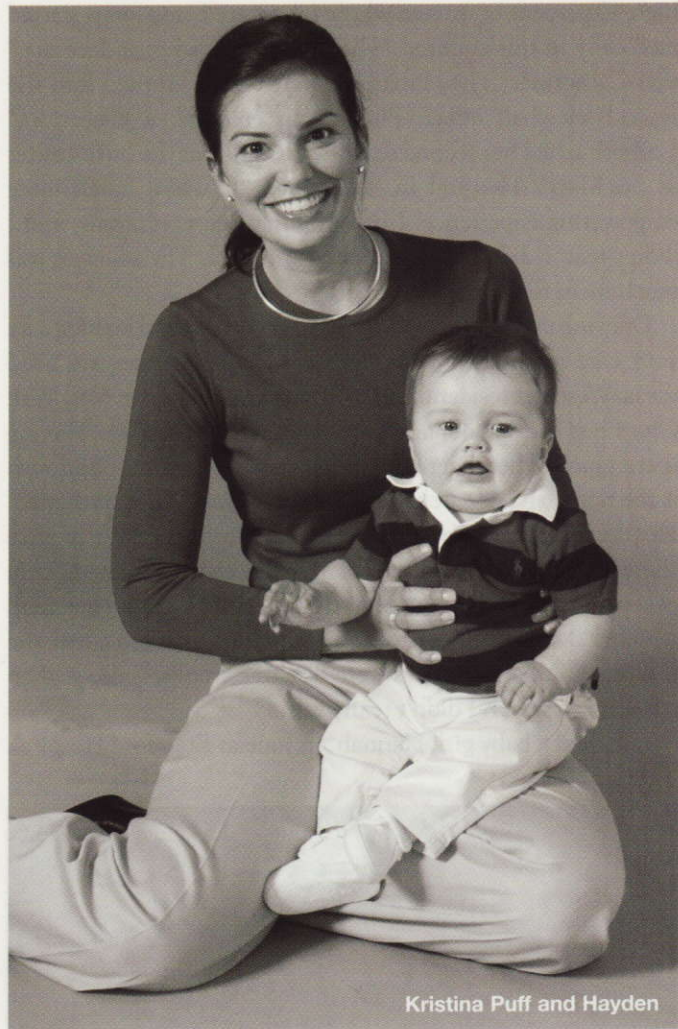
One way to reconcile the doctor versus midwife debate is to seek out a practice that has both. This model — in which the midwife handles uncomplicated births while the doctor oversees emergencies — is one which has worked successfully in many countries. At Greater New Haven Ob-Gyn, which has an office in Orange, doctors and midwives work in teams. “It's the beauty of this practice,” says Dr. Richard Moscarelli, who explains that the midwives “help women through labor; they know all the natural pain relief methods and they do things I've never seen doctors do. In some cases, women would not have been able to push their babies out had it not been for the midwives.” Another key role midwives play is keeping the doctors “progressive,” he says. “Many doctors still treat episiotomy as standard procedure — the midwives would never allow that here.”

Procedures like episiotomy date back to when doctors first began delivering babies. Doctor-attended births were not the norm until the 1800s, nor were hospital births until a century later. Childbirth had been “women's business”; a midwife attended in the home of the mother, who generally gave birth in

a vertical position to make use of gravity, relieve back pain and open the pelvis (up to 30 percent wider than when a woman is horizontal). When doctors came into the picture, the scene changed. Used to working with tools, many doctors began using forceps. This meant a woman had to lie on her back and have an episiotomy to allow the forceps in. As anesthesia gained popularity, forceps, episiotomy and the supine position became standard.

In recent years, the medical world has reexamined these practices. Forceps and the more modern technique of vacuum extraction are only used when the baby is breech or in distress or the mother is unable to push successfully (which happens more often when an epidural — anesthesia administered into the spinal fluid — numbs sensation from the midsection down). Also, the American College of Obstetricians and Gynecologists now discourages routine episiotomies; numerous studies cite more pain, longer recovery time and a greater risk of third- and fourth-degree lacerations (tears that go through the rectum) with episiotomies than without.

Paula Jean Cate, midwifery director at The Birthplace at St. Mary's Hospital in Waterbury, has attended thousands of births and performs an episiotomy about 1 percent of the time; the national average is over 40 percent. "Skin is like fabric; it's



hard to tear. But if you cut it first, then it rips more easily," she explains. Proponents claim it's harder to repair a jagged natural tear; opponents counter that natural tears usually involve only skin, not muscle.

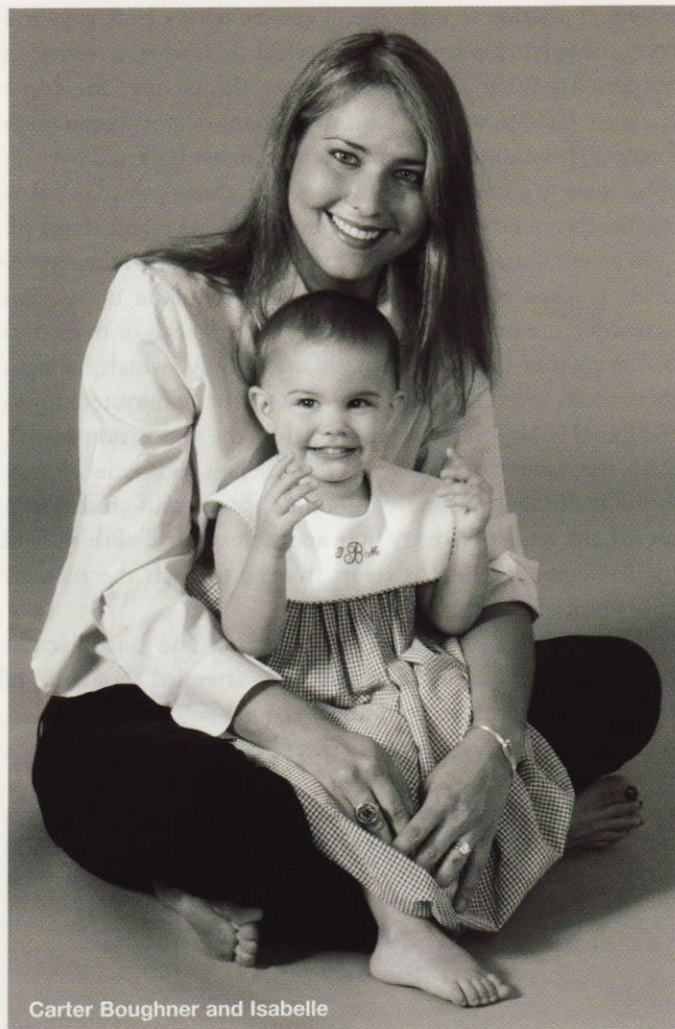
Dr. Moscarelli notes a trend back to keeping women mobile during labor. Women are encouraged to walk, shower and frequently shift position. However, once a woman requests an epidural, she usually is relegated to a bed (and will need an IV, electronic fetal monitoring and often a bladder catheter). Though most opt for an epidural, Dr. Moscarelli encourages women to last as long as they can without it: "An epidural often means a slower delivery and a higher risk of interventions like vacuum suction or forceps," he observes. "The epidural gives doctors more control, but it can be worse for the patient." Some women agree; others rave about the epidural.

Carter Boughner, an Old Greenwich resident, opted for an epidural when she had her daughter, Isabelle, at Greenwich Hospital. "It was fantastic," says Carter. "The anesthesiologist really put me at ease, it wasn't painful, and I definitely still felt the urge to push." Isabelle was born after a mere ten minutes of pushing. Fairfield's Catherine McElroy delivered her daughter, Fiona, at Bridgeport Hospital. She was one of the alarmingly

high 40 percent of women whose labors are being jump-started medically in this country. “The doctor wanted to induce me,” says Catherine. “They broke my water, and it turned into the typical snowball effect: Pitocin, an epidural, a C-section.” Catherine had her second daughter, Cecilia, at the birth center at St. Mary’s Hospital in Waterbury. “It was a much more empowering experience. I had no drugs, no episiotomy, and I didn’t tear. I didn’t like the medical model. The midwife was much more tuned into my needs.”

Drawing up a birth plan (see birthplan.com) and making sure your care provider is receptive to your preferences are good ideas. Westport resident Lulu Kleinbeck was living in New York City when she had her first baby, Anders, two years ago. Having spent much of her pregnancy in Japan, where natural childbirth is the norm, she researched the topic and wrote up a birth plan. Her doctor in New York balked at it and told her, “We’ll make those decisions on the day of the delivery.” Stunned, Lulu accepted the response but regretted it later: “I had an epidural, which I do think slowed down my labor. I couldn’t feel the pushing at all and my legs were like tree trunks. I also had an episiotomy, which I didn’t really want.”

Lulu had a baby girl, Hannah, in June at Stamford Hospital.



Carter Boughner and Isabelle



Kim Marie Evans and Wilson

“I did end up getting an epidural but asked for a really low dose. I could move my legs,” she says. “I progressed really quickly and pushed for only twelve minutes. The staff really made a huge effort to listen to my needs.”

An increased awareness of the value of doulas is leading many women to add them to their birth teams. In addition to giving emotional and physical support, doulas serve as advocates for couples. Lisa Rubin’s services as a doula cover twenty-four-hour access throughout pregnancy, support during labor and initial postpartum assistance at a cost of \$800. She also teaches childbirth classes and is collaborating on a book with Dr. Amen Ness, the head of obstetrics at Greenwich Hospital, on how to have a baby based on who you are and how you live your life.

“There is no one right way to have a baby,” Lisa says. “For women who are so exhausted from fighting pain that they won’t dilate, an epidural may save them from a C-section. Dogma is dangerous — you can’t label a procedure good or bad.”

Janet Hall was so inspired by the contrast between her first birth, a medicated labor that led to a C-section, and her second, a two-hour natural labor that resulted in an ambulance birth on Route 8, that she gave up her job in corporate accounting to become a childbirth educator. Janet, who lives in Naugatuck,

formed her company, Birth Partners, twelve years ago. The company provides doulas all over the state and offers childbirth classes in groups or privately in a couple's home. All Birth Partner doulas complete a one-year internship. "I'm very picky; just under 20 percent finish," she says. Birth Partners charges a flat \$600 fee for a doula, which includes unlimited prenatal home visits, twenty-four-hour phone availability, labor assistance and a postpartum home visit.

Babytalk magazine recently reported that mothers rate the doula as the most helpful person in the delivery room (followed by midwives, family and friends, partners and husbands, doctors and nurses). Jennifer Loya, a Fairfield resident who delivered at Bridgeport Hospital, agrees and says her doula, Birth Partners' Deby Brackett, took the pressure off her husband. Other studies show a significant decrease in length of labor, requests for pain relief, number of interventions and C-section rate when a doula is present. "People pick their auto mechanic with more care than the person who will deliver their baby!" Janet Hall comments.

HOSPITALS

Gone are the days when moms labored alone and dads sat in a waiting room. Women today will find more protocol in a hospital than at a birthing center but much more flexibility than in their parents' day. "You can request that the postpartum baby exam be done at your bedside, for example," says Janet Hall. "It used to be, 'This is the way it is,' but now women are more informed and proactive."

Driven by consumer demand, hospitals have changed their

philosophy toward childbirth and the physical setup of their maternity wards. All hospitals in this area now let woman labor, deliver and recover in one private room. These LDR rooms come equipped with adjustable beds, so women can give birth in a sitting, squatting or supine position. An hour or two after delivery, the patient is moved to a postpartum room, where the baby can room in around the clock if the mother wishes. Dads are welcome to stay over — rooms have cots or couches. The standard length of stay (which insurance companies determine) is two nights for a vaginal birth, four nights for a cesarean. All five hospitals listed here offer an array of classes, open to anyone. Class listings, plus information about services, protocol and philosophies, are available on the hospitals' websites.

Bridgeport (bridgeporthospital.com)

A modern hospital with an airy feel, Bridgeport has undergone major renovations in the last few years. Each year 2,600 babies are born in the spacious LDR rooms. Two major pain-relieving perks for the laboring woman: birthing balls (large rubber balls which women can sit or lie on to ease discomfort) and Jacuzzi tubs (for labor, not birth) in two rooms. Both midwives and doctors deliver at Bridgeport Hospital, and patients are allowed two support people, such as a partner and a doula. Jennifer Loya comments, "The nursing staff was nice. I didn't have any problems." The nurses are trained in lactation, and new moms can attend breast-feeding classes every other weekday morning. The biggest selling point is a level III NICU (Newborn Intensive Care Unit) — the highest ranked in Fairfield County. The hallway leading to the NICU features photos of healthy kids who began their lives here, some at less than two pounds! →

NATURAL OR NOT?

Pro Natural:

"It was challenging and fantastic — an experience of a lifetime. Afterwards I had a big breakfast right in the delivery room. I was amazed how good I felt."

Karen Baker, Wilton

"I had no drugs, and I felt great ten minutes later."

Gaye Price, Westport

"If I had the choice next time, I would try for a natural labor and birth. Medical intervention is great when needed, but if you can, avoid it."

Kim Marie Evans,
Greenwich

It Depends:

"After my experience (seventeen hours of active labor), I couldn't imagine going natural. But different people have different pain thresholds. Listen to your body and go in with an open mind. If the pain is going beyond what you can handle, get the epidural."

Kristina Puff, Greenwich

"With my first I planned to get drugs, but my labor progressed so quickly that I ended up doing it naturally." She was induced with her second baby (induction usually causes more painful contractions): "I got the epidural and it was a beautiful thing!"

Randi van Pelt, Wilton

Not Natural:

"I never thought about going natural. I'm not good with pain, and I didn't find the epidural that incapacitating."

Margo Murray, Greenwich

"The point is to get the healthy baby out of you, not to be noble." (She did think twice about the epidural with her fifth child, after her sister's friend was paralyzed from an epidural.)

Michelle Lavelle, Weston

"Don't try to be a hero; get the epidural! I think it helps with recovery because you're not so overwhelmed with the pain."

Maureen Ducret, Old Greenwich

Greenwich (greenhosp.org)

The grand piano in the lobby and the plush LDR rooms with hardwood floors suggest that the 2,100 babies born here each year actually may come with silver spoons in their mouths. The patient, along with her doctor (midwives do not attend births here), can determine the number of support people she has. One drawback at Greenwich is the occasional need to double up new moms in the postpartum rooms, which means dad can't stay the night. The gourmet champagne dinner upon checkout is a unique perk, though. Moms can return two days later for a free lactation consultation. Greenwich has a level II NICU.

"I can't say enough about Greenwich Hospital," says Margo Murray, who was born there herself, as were her husband and their two sons. The four-foot-eleven-inch Greenwich resident expects her tiny frame was the reason she ended up needing a C-section when her first son, seven-pound, twelve-ounce Cooper, was born. "The anesthesiologist was very calm. He sat right next to me and told me step by step what was going to happen," recounts Margo, who opted for a scheduled C-section when her second, Tucker, was born earlier this year.

Kim Marie Evans, who lives in Old Greenwich, also had two sons at Greenwich Hospital. Her first son's birth was a harrowing experience. "The nurse, who isn't there anymore, wasn't very competent. She didn't notice that the baby's heart rate was dropping as my contractions spiked," says Kim Marie, who saw what was happening on the monitor and insisted the doctor be alerted. An emergency C-section was ordered minutes later when the doctor discovered a prolapsed umbilical cord. Her son, Jeffrey Jr., was born limp and white. "They had to resuscitate him," Kim Marie recalls. "Luckily, he went from an Apgar score of 1 to 9 right away. He was in the NICU for three days, and they truly saved his life."

Norwalk (norwalkhosp.org)

With photos of gleeful kids lining the halls and a nurse who makes a uniquely decorated cap for each of the 2,000 babies born here yearly, Norwalk's maternity center has a community feel. A new Women's Resource Center provides access to books and Internet sites relating to family health. The LDR rooms are small, but one room does come with that rare perk: a tub (for labor, not birth). Norwalk also has a "great midwifery program," comments Janet Hall of Birth Partners. Laboring moms are allowed two support people, and breast-feeding classes are held daily. Norwalk has a level II NICU.

Wilton resident Randi van Pelt had two children at Norwalk. When William, her first, had to spend an extra night in the NICU, the staff demonstrated their neighborly attitude: "They gave me a room to stay in for free so I could go home with my baby!" Randi also praises the lactation consultant. Wendy Harris, who lives in Weston, had her baby, Madeleine, at Norwalk and had a "great experience." Her only complaint about the hospital was "the cold continental breakfast."

Stamford (stamfordhospital.com)

Three thousand babies are born each year here at the new Whittingham Pavilion, which resembles a conference center more than a hospital. The LDR rooms are huge and women can fill them with as many support people as they want. No midwives deliver at this hospital. Breast-feeding and bathing classes are held daily. Stamford has a level II+ NICU, which means they can handle any weight — even a twenty-three-weeker — but in rare cases, transfer to Yale is necessary.

Kristina Puff of Greenwich had her son, Hayden, in the new facility in December. "I had an excellent experience," she says. "It's brand new, spacious, clean, but more important, the nurses were absolutely outstanding. They really made my husband feel welcome and included in the process, and the care was very personalized." Maureen Ducret has had three babies at Stamford and says she wouldn't go anywhere else. "Even though we live in Greenwich, I highly recommend Stamford," says Maureen. "It's a city hospital, which means great doctors and nurses who deal with a wider scope of medical situations."

Yale-New Haven (ynhh.org)

With 4,600 babies a year born here, there's no doubt Yale is a big, bustling hospital. But it's also home to the world's first NICU (a level III), which just celebrated its fiftieth anniversary. If major complications arise, this is the place to be, which is why some women who are high risk or expecting multiples choose Yale. The rooms are small, but women can squeeze in as many support people as they like. Birthing balls are available. Both midwives and doctors attend births here. New moms get one-on-one breast-feeding help, and bathing classes are offered daily. Yale's philosophy is quite progressive, stating a strong commitment to VBAC (vaginal birth after cesarean), and this is the only nearby hospital that offers Bradley and Hypnobirthing (two approaches to natural childbirth) courses, in addition to the more standard Lamaze-based classes.

Leslie Shanahan of Fairfield gave birth to her daughter, Quinlyn, last year at Yale. She lost her first baby, William, after a doctor miscalculated when to schedule her C-section. "In a case like mine, footling breech, the C-section should have been done at thirty-eight weeks, thirty-nine at the latest," she comments. "He scheduled it on my due date." She went into labor five days before that and had an emergency C-section, but the baby didn't survive. At Quinlyn's birth, Leslie says, "the care we got was so great, it felt like family."

BIRTHING CENTERS

For low-risk women desiring a more natural setting, no routine interventions and the most flexibility in how they choose to labor and birth, the two NACC (National Association of Childbirth Centers) accredited birthing centers in Connecticut fit the bill. Both feature quiet, homey

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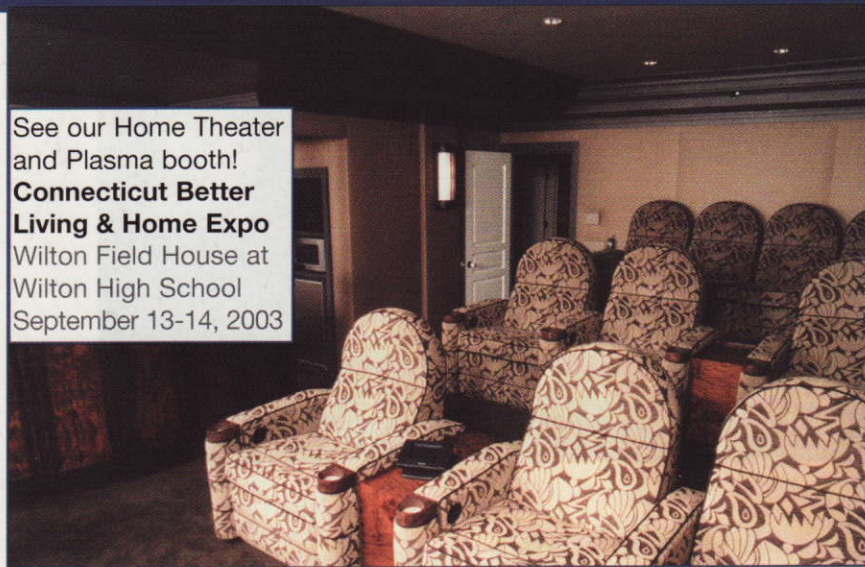
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environments: several bedrooms with double- or queen-size beds, private bathrooms with birthing tubs, and communal kitchen and family room areas. Most women spend some time laboring in the tubs, and 25 percent go on to have water births. Babies are monitored with an underwater Doppler. Water-birth devotees coined the term *aquadural*, as nothing short of an epidural seems to provide the same relief. "The warm water relaxes the muscles; the more relaxed a woman is, the more effective her labor will be," says Carol Ann Hughes, a certified nurse-midwife in Danbury. Both she and Paula Cate at St. Mary's in Waterbury see less tearing with water births, as the warm water helps the perineum stretch. Water birth, in vogue in Europe, has been gaining popularity in the States, because of the pain relief it provides and the gentler transition into the world for the baby.

The Birthplace at St. Mary's Hospital (stmh.org or birthcenters.org)

Located on the same floor as the maternity ward at St. Mary's, The Birthplace is one of only four in-hospital, NACC accredited birth centers in the country. The first water birth in the state took place at St. Mary's seven years ago, and The Birthplace opened two years ago, partly to meet the growing demand for this type of birth. The Birthplace, which recently held its 200th baby celebration, is open to all certified nurse-midwives with privileges at St. Mary's. Less than 15 percent of women transfer to the maternity ward, but the options — pain relief, neonatal specialists, a level II NICU — are just a hallway away if needed.

Kate Misericchi of Fairfield has had two children in her forties, both naturally. She had her first, Isabella, with a midwife at St. Vincent's. Her second, Ian Myles, was born at The Birthplace in 2001. "It was wonderful," says Kate. "Having a peaceful environment — no distractions, less traffic, subdued lighting — makes a big difference." Catherine

McElroy describes The Birthplace as "low-key, flexible, gentle and respectful of the family."

The Connecticut Childbirth & Women's Center
(ctbirthcenter.com)

This birth center, across the street from the Danbury Hospital, opened in 1997. Some 200 babies have been born here in

MOTHER'S HELPERS

Books:

The Birth Book

William and Martha Sears

The Birth Partner

Penny Simkin

Birth Your Way,

Shiela Kitzinger

Gentle Birth Choices (& video)

Barbara Harper

The Girlfriend's Guide to Pregnancy

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Husband-Coached Childbirth

Robert A. Bradley/Ashley Montague

The VBAC Companion

Diana Korte

Websites:

acog.com

babycenter.com

birthcenters.org

bradleybirth.com

dona.org

hynobirthing.com

lamaze-childbirth.com

midwife.org

parentsplace.com

waterbirth.org

Doula Services:

Birth Partners, 203-729-9963

**The Good Birth Company,
914-763-9487**

MothersCare, 203-375-5710

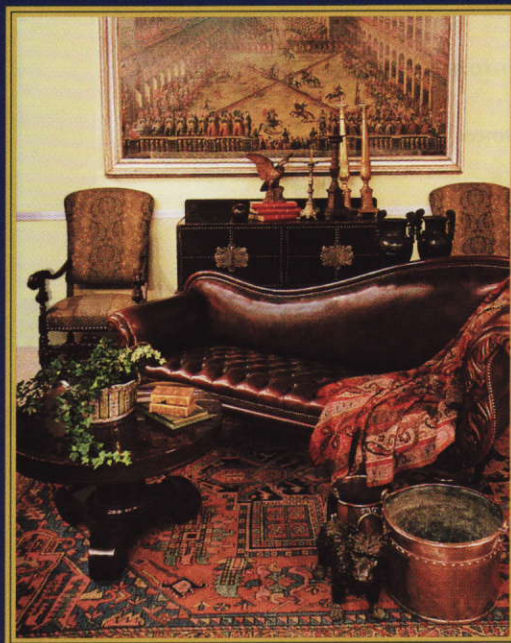
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a plush setting resembling an upscale inn. One of three midwives in the center attends each birth. Carol Ann Hughes says only 2 percent of patients transfer over to the hospital, which has a level II+ NICU.

Wilton resident Sheri Ryan-Soderlund had her daughter, Ava, here in January. "I got the idea from Naomi Wolf's book *Misconceptions*. I can't imagine anyone choosing to deliver in a hospital after reading it," says Sheri, who was in labor for forty-three hours. "I felt very safe." In a hospital, her long labor most likely would have meant a C-section. "We don't put people on a time clock," says Carol Ann. Gaye Price of Westport had two hospital births — at Greenwich and Norwalk — before discovering the birth center where she had her third child. "I much preferred the birth center," comments Gaye, who had a water birth and needed just one stitch afterward. She was home two hours later. (NACC regulations set twelve hours as the maximum length of stay postpartum.)

Greenwich moms also may want to consider two birthing centers in nearby New York: the Elizabeth Seton Childbearing Center in Manhattan (212-367-8500/birthcenter.org) and the Women's Health & Birth Pavilion in the Bronx (718-716-2229).

HOME BIRTH

"I had two home births," says Lisa Rubin of the Good Birth Center, "and my mom's response was: 'Nothing should be delivered at home except the *New York Times*!'" This attitude is still common in the United States, and Lisa admits, "It was perfect for me, but it's not for everyone." Dr. Moscarelli says he opposes home births because "there's no educational standard that people who attend home births in this country are held to." Other countries, such as the Netherlands where close to half of births occur at home and the birth outcome statistics are better than ours, have medical systems

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midwife.org

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that are more supportive of home birth. Because of insurance concerns, midwives are having difficulty finding backup doctors for home births. Still, some women feel safer at home.

"I decided three weeks before my due date that I wanted a home birth," says Liz Seaman, who lives in Fairfield. "I toured the hospital and just got a bad feeling that I wouldn't have the birth I wanted there." Liz had a long labor but "a beautiful, gentle birth. My child never cried. It was so nice to deliver in my bed, by candlelight, with no one yelling 'Push!' I had a lay midwife and she was so respectful."

Final words of advice: Have your baby where and with whom you feel most comfortable, and expect the unexpected. If you have a grand plan, you could set yourself up for disappointment. 

Stamford's Antique Jewelry Museum Antique & Estate Jewelry WHO CAN I TRUST?

A beautiful open showroom filled with thousands of pieces of period jewelry from 1750 to the 1900's and all of it for sale. Located in High Ridge Center, Peter Suchy Jewelers is packed with Antique and Estate jewelry and one of a kind designs. Peter's specialty is finding special pieces from diamonds to colored stones on the estate market and selling them at fair prices. If you can't find it anywhere, Peter probably has it.

Peter Suchy Jewelers is one of Connecticut's most prominent antique and estate jewelry dealers. The business was started 21 years ago as a one-man operation in which Peter did all the designing, repairs, and appraisals. Over the years, Peter has earned the distinction of being one of the most trustworthy and honest jewelers anywhere. His reputation is unblemished. Peter and his experienced staff still offer personal service, original one-of-a-kind designs in platinum and gold, and very special estate jewelry at reasonable prices.



PETER SUCHY JEWELERS

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Author Jill Johnson's research for this story reached an even happier conclusion when she gave birth to a beautiful 6-pound, 14-ounce son, James, on June 25 at the Birth Center at St. Mary's Hospital in Waterbury. Jill gives credit for her successful, drug-free delivery to the support from a midwife and a doula. We at GREENWICH Magazine offer hearty congratulations (and solemn thanks she didn't put the delivery on her expenses).