

## Oakley's Birth Story

Just before midnight on 1/11/11, I was lying in bed half asleep when my water broke. We had prepared diligently for the scenario of going “overdue”, but we had not focused much on the possibility of a premature rupture of the membranes. I knew that if we ran to the hospital they would start a 24-hour clock on the birth of our baby. Since I was not in labor at all at the time, this prospect was daunting.

We called our midwife, Sarah, to tell her what had happened. She, unfortunately, advised us to make our way to the hospital. She added, though, that she would like us to call the doctor from her practice who was on call that night so the doctor could call ahead to notify the hospital that we were on our way. On calling the doctor and describing to her what had happened, she assured me my water had not broken. I was positive it had, but took her doubt as a blessing and went back to bed.

We slept the rest of the night while very mild, irregular contractions began. In the morning, Sarah called to ask how things were going. I described to her my mild contractions and we discussed nipple stimulation to get things going at home. By midday, I was having stronger contractions that did not stop when I stopped stimulation. By the time contractions were about a minute long and five minutes apart, we had set up an appointment with the midwife in the office that day (it was Sarah's day off). By the time we arrive at the office, I was dilated to 6cm. How exciting! This was really happening.

We headed over to the hospital from our appointment and were guided straight to the nice big room with a birthing tub. I changed into my robe and we began to walk the halls, stopping regularly to breathe through contractions and take a drink of water. We had to meet our nurse, Marissa, back in the room at 3:15 for intermittent monitoring, during which I labored on a birthing ball with Chad's coaching. In the meantime, though it was her day off, Sarah arrived to provide labor support in addition to being there for the birth. It was invaluable to have my familiar midwife present for the birth instead of the midwife who happened to be on duty that day.

After one round of intermittent monitoring, I moved to the birthing tub. It was there, in darkness and quiet, that Chad and I worked through transition. An irresistible urge to push after about 30 minutes cued a move to the bed, where I began pushing in a hands and knees position. Eventually I moved to a side-lying position, where I pushed for about an hour until our son was born. I distinctly remember lying there on my side, Chad in front of me, a wall of windows beyond with the beautiful evening sunset providing warm dim lighting in the room. At 5:58 in the evening, Oakley was born. Chad assisted Sarah in catching him and placed him right onto my chest, with his crying and wetness and head full of hair. I could not look at him enough. After the cord stopped pulsing, Chad cut it. I received pitocin after the birth and local anesthetic for stitching a small tear, but otherwise the birth was completely unmedicated. We learned that Oakley's umbilical cord was wrapped around his right arm and held his small fist against his face. The compound presentation, we were told, may be what caused some back labor and the tear. In total, I labored at the hospital for 4 ½ hours.

The preparation of the Bradley courses and the understanding of a like-minded medical team gave us the composure we needed to make the right decisions for our family. We parents are so happy to have been able to vividly and peacefully welcome our son into this world.

Oakley Alexander Kraus

January 12, 2011

6lbs 11oz.

8/9/9 apgar