

Let your monkey do it!

by Skylar Browning, illustrations by John Kitses



What's so scary about natural childbirth? The author and his wife found the answer—not much—and much more experiencing it firsthand

I heard about the monkey early on. It was during the first trimester of the pregnancy of first child when our licensed midwife, Sandhano Danison, was telling a story about **Mormon nurses in Idaho. The nurses had invited the godmother of the natural childbirth** movement, Ina May Gaskin, to educate them on how to incorporate her val into their medical practices. One nurse couldn't wrap herself around the idea of not providing a woman in labor some sort of drug to relieve the pain.

The nurse asked Ina May what she could possibly do to naturally comfort the woman. Ina May thought for a second and replied, "I would tell her to let her monkey do it." The Mormon nurses were much confused.

"I'm not sure they knew what they were getting when they invited her to speak," said Sandhano, finishing the story with a laugh she shared with my wife.

Suddenly I was lumped in with a group of Mormon nurses: I didn't get it. Whose monkey? What monkey? Nobody told me anything about a monkey. As I became accustomed to doing throughout the pregnancy, I asked what the heck was going on.

Turns out, we all have a monkey. Whether we use it for giving birth or mountain biking, Ina May says if we can short-circuit the mind during physical pursuit, we can let our inner primate do the work. "It's a short way of saying not to let your over-busy mind interfere with the ancient wisdom of your body," she writes in *Ina May's Guide to Childbirth*. "Monkeys don't think of technology as necessary to birth-giving; Monkeys don't obsess about their bodies being inadequate...Monkeys don't do math about their dilation to speculate how long labor might take...Monkeys in labor get into the position that feels best, not the one they're told to assume..."

In other words, your monkey is a way to remember in the throes of labor that natural childbirth is not only possible, it's, well, natural.

My wife and I must have read more than 20 childbirth books between us (full disclosure: I only read two, but I heard a lot of "Hey, listen to this..."), we participated in a six-week birthing class, and Sandhano walked us through six months of prenatal visits, but as I wrestled with my inner uncertainties about natural childbirth at home, it was the idea that my wife would just let her monkey do it that resonated the most.

So it came to be that after 41 weeks of pregnancy and 20 hours of slowly progressing labor, my wife was crouched in an inflatable birthing tub—a really cool kiddy pool with some sort of Finding Nemo-like decorative patterning—situated smack-dab in the middle of our dining room. She began to shake uncontrollably at the onset of a contraction. Sandhano was catching a catnap in a corner and Charlotte Creekmore McCarvel, her apprentice, had crashed in the next room. I looked at my wife as the contraction ended and asked if things were okay.

"Wow, that was intense," she said for the first time in a day full of contractions. I thought she was quivering from the water turning cold—after all, she'd been in there for some time—and suggested she get out. But as I grabbed the towel another contraction came, again preceded by her legs shaking in the water.

"Nicole, are you alright?" I asked, masking as best I could a slight panic.

Her face looked so focused. Concentrated. Not present. After 12 years as a couple, I'd never seen that expression before. I wrapped her in a towel and woke Sandhano. I had a feeling the monkey had arrived.

"What...if...something...goes...wrong?"

When Nicole and I first came to suspect we were pregnant (that's how you're supposed to say it—we're pregnant—as if I have any clue), we did what came naturally: we went straight to the doctor for confirmation and care.

By a half-century ago, going to the doctor had become the dominant mode of childbirth in the United States. Whereas in 1900 almost 95 percent of births occurred in the home, often attended by midwives, by 1939 that number had dropped to 50 percent, according to Judith Leavitt's *Childbearing in America*. As modern medicine developed and the field of obstetrics was established (mostly by men; women could not attend medical school at the time), the idea of birthing at home was replaced by the safer, faster and less painful option of hospital birth. *What To Expect When You're Expecting* describes this old-fashioned care: "Instead of being a participating team member, the mother-to-be was more or less a spectator, sitting obediently on the bench while the obstetrical captain called the plays." More recently, obstetrics and childbirth care have changed, offering more options for women, and incorporating some elements of natural birth and personalized care within the framework of modern medicine. In major cities, hospitals, stand-alone birthing centers and midwives compete for the birthing business—in the Portland, Ore., phone book, for instance, there are 16 listings for birthplace options.

At first, I saw our decision as a no-brainer. We were going to the hospital; we were going to surround ourselves with the best technology modern medicine could offer, and I would wear a funny green gown while some doctor held our baby upside down and slapped his fanny; afterward I'd hand out cigars in the waiting room. That's how these things are done, I thought. Plus, it was the responsible thing to do. I wanted to be in a hospital because, well, what...if...something...goes...wrong?

Those words echo in every expecting parent's mind because, according to what I've read, childbirth is kind of a big deal. And if it's a big deal, you don't want to screw it up. And if you worry about screwing it up, you do whatever it takes to minimize risk. That translates, for me, to the hospital.

Nicole had a different agenda. Homebirth intrigued Nicole because she wanted some control over the situation—no epidural to dull the pain, no inducing to speed delivery, and unless things went drastically wrong, absolutely no cesarean birth. Nicole isn't comfortable with doctors and hospitals—she's always suffered from White Coat Syndrome—and the prospect of being confined in a controlled and sterile environment freaked her out.

"I felt strongly about having a birth that was family- and woman-centered," she says. "It's an ancient tradition. Having a home birth allows us to tap into that."

I tried to explain that the whole idea of home birth scared the crap out of me. We have a leaky faucet in the house and I get flustered—and you want our first baby born here? But I promised to be open to the idea. Although "we" were pregnant, I believed it was more important that she—the primary player in this effort—was both comfortable and safe, no matter what the situation. If a home birth could do that, I'd agree to it.

We still met with a doctor, and that went fine. We got the rundown on credentials and procedures and high-tech equipment. It all sounded very safe. Still unsure, Nicole asked lots of questions and we learned some important things. For instance, there are no windows in the labor rooms at Community (a new, state-of-the-art facility is in the design and development phase); while the birthing room is private, the postpartum rooms often hold more than one patient; we could use a CNM from the hospital and/or bring our own doula; the doctor was open to Nicole laboring in the position of her choice, but the final push was expected to happen in the traditional position (propped on her tailbone, knees up, feet in stirrups) so the doctor could have a good vantage point (this preference varies from doctor to doctor); drugs would be available, but it was Nicole's choice whether to use them; a cesarean birth would only happen if the doctor felt it was necessary; and if the baby was late the doctor might require that Nicole be induced.

Personally, only the windows and the private room (or lack thereof) bothered me. The rest seemed pretty straightforward.

"It was everything else that freaked me out," says Nicole. "There seemed to be a lot of opportunities for intervention and the birth may not be allowed to follow its natural process."

We met with Sandhano at her house a few days later. She had come highly recommended by a friend who used her to assist in the births of her two children, and our friend raved about the experience. Nicole immediately took to being in someone's house, as opposed to a doctor's office, sprawled out on a futon propped against the wall and surrounded by big pillows. The walls were decorated with images of pregnant women, the shelves stocked with birthing books, and Sandhano's cat, Sniff, joined us by curling up on my lap. Once again, we came armed with a ton of questions, but this time I found myself, the skeptic, firing them off like a lawyer on cross-examination. My first was the most obvious: What...if...something...goes...wrong?

“Then we’ll go to the hospital,” she said. “It rarely comes to that, but if it does, we’ll jump in the car together and go to the hospital.”

She made it sound so simple, especially when she pointed out that Nicole was perfectly healthy and we live less than five minutes from Community’s front door. But I needed more information. I asked how many babies she had delivered.

“Three,” Sandhano said.

Three? What the...?! Three? Dr. Phil has probably delivered more than three babies.

“I’ve assisted in almost 500 births,” she added as I caught my breath. “But I’ve only delivered three—my own children. The idea of midwifery is that we empower the mother and assist her in having the child. Only she can deliver the baby.”

She tossed out more personal statistics: she attended midwifery school in 1984, has been practicing ever since, and in the last year she’d “assisted” in 40 births, with six requiring transport to the hospital and two (or five percent) requiring delivery by cesarean section. She also explained some of the basic philosophies of midwifery: birth should be centered on the mother and how she wants to deliver the baby; birth is a normal part of life that should be allowed to proceed naturally; and each woman and baby have parameters of well-being unto themselves, and Sandhano would respect that individuality. She talked of inherent strength and the power of the human body and how natural birth, which has been happening since the beginning of time, brings these things to the surface like nothing else. She used words like “self-esteem” and “empowerment” and “nurturing.” The more Sandhano talked, the more I found myself realizing that I needed to stop basing all my decisions on fear. I needed to replace What if something goes wrong? with How do we do this right for us?

Not that it really mattered what I thought—Nicole was hooked. Our meeting lasted almost two hours and felt like catching up with an old friend. We wanted Sandhano by our side. She made Nicole comfortable and she made me confident. By the time we left, we’d made our first prenatal appointment and Sandhano handed us two books to take home to read—one was Ina May’s Guide to Childbirth.

“You little hippie”

The decision to have a home birth was easy compared to explaining the decision to friends and family.

My in-laws: “You’re crazy!”

My parents: “I don’t like the sound of it.”

My brother-in-law: “Typical. First you move to Montana, now this.”

My sister: “Do you think you can avoid fainting?”

My best friend: “You little hippie.”

“As a culture, I think we should try to get to natural birth being the norm and not the unusual,” says Sandhano. “I don’t think home birth is for everyone because some women would be scared to birth at home, and you don’t need any more fear than what is naturally there. But natural birth should be a goal we all try for.”

Other countries employ midwifery more than the United States. According to the World Health Organization, nations with the highest rates of midwife-attended birth include the Netherlands, Finland, Sweden and Japan; for example, for every obstetrician in Japan, there are 250 midwives. While multiple factors aside from birth method contribute to infant mortality, those countries also have perinatal mortality rates (babies who die within the first year of life) lower than that in the U.S.

Though U.S. studies have shown that births with certified nurse midwives are safe (most occur in hospitals), there has been a historical lack of reliable statistics to support the safety of home births. But just recently, the British Journal of Medicine published the largest study of home births in North America, concluding that giving birth at home with a midwife is just as safe as birthing in a hospital, and requires fewer interventions. The study, which included the participation of Montana midwives, counted a cesarean



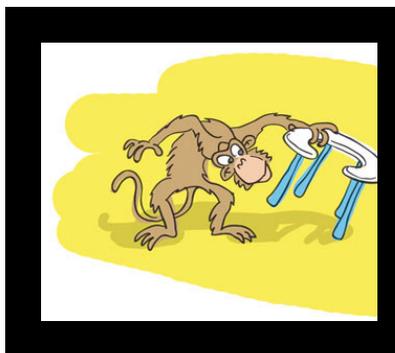
birth rate of 3.7 percent among the 5,400 parents monitored. By contrast, the CDC reported the overall national rate for the same year (2000) as 22.9 percent. More than 87 percent of those monitored in the study did not require transfer to hospital care. “The study shows that the cesarean rate is about four percent, and that’s where it should be,” says Dolly Browder, a Missoula CPM who was, along with Sandhano, one of 409 midwives who contributed patient data to the study. “The intervention rates are extremely low—almost no episiotomies [cutting of the perineum], no fetal monitoring, no [deliberate] breaking of waters. Everyone is treated individually, and whatever their labor pattern presents, as long as they’re within what is considered a wide range of normal, then they can have their baby naturally. That’s the important thing—natural birth can happen.”

But there comes a time when assuring loved ones with statistics, studies and comparisons becomes unimportant. As Nicole’s support throughout the process, I found myself not caring about anything other than her as we got closer to the due date. Then that due date came and went, and care turned to concern.

As we hit the 41-week mark, unease set in—we knew friends who had been forced to induce labor once they’d reached a week late. Sandhano explained that her cutoff was 42 weeks; at that point we’d have to go to the hospital and Nicole would receive a drug to stimulate labor before it occurred naturally. It was the day we learned this that Nicole felt something in the middle of the night—a contraction that woke her up. It was stronger, it was—ugh!—there it was again. Nicole woke me up and said it was starting.

“I’d had contractions here and there for two weeks,” she says, “but they never happened one on top of another, or with this intensity. It was exciting, but mostly I felt relieved because we wouldn’t have to try any alternative measures.”

I remember it was 2:30 a.m. We both went back to bed.



I kept waiting for the monkey. Nicole’s legs shook with electric rushes of adrenaline through her body, mighty currents of hormones and endorphins kicking in to help her through the process. Her eyes were closed, but I clasped her hands and with every contraction squeezed through it with her as Sandhano helped her follow rhythmic breathing patterns—Pah! Pah! Pah!

We moved from the birthing pool down to our bedroom, which had been set up earlier in the day. There was a fresh set of sheets atop a plastic cover, and under the plastic another set of clean sheets. The idea was that after the birth, the top sheets could be pulled off and Nicole, the baby and I could rest in a clean, ready-made bed. The sheets were just one of many steps we’d taken to prepare the house for this moment.

Months before, Sandhano had provided us with a list of supplies we had to have on hand, a birth kit, most of which was ordered from Moon Flower, a birthing supply source in Oregon. The kit included sterilized gloves, sanitary pads, measuring tape (to measure the baby), a bulb syringe, and cord tape, among other things. We also had to sterilize towels, washcloths, newborn caps and receiving blankets by placing them in brown paper grocery sacks taped shut and baked in a pre-heated oven at 275 degrees for one hour. Most of this work was done a week before our expected due date.

On the bed, the contractions were still coming about five minutes apart, but they were becoming noticeably more intense. Nicole laid on her side, with me across from her. Sandhano occasionally checked the baby’s heartbeat and Nicole’s blood pressure, but for the most part it was just Nicole and I. Rather, I think it was mostly just Nicole—the glazed look she developed in the birthing tub had morphed even further into a deep, zoned stare. While she breathed and managed each contraction, I found myself watching her, befuddled and amazed. She was grunting. The sweat was so thick that her t-shirt (it had a picture of a smiling Buddha and read, “For good luck, rub my tummy”) was soaked through, and heavy. I glanced at the clock and saw it was almost 4 a.m.; she was going on her 26th hour.

“I was in labor la-la-land,” says Nicole. “Everything was really touch-oriented and all about my body. I could feel myself grabbing your hand and your bicep, and I could feel Sandhano rubbing my back. That was it.”

For me this controlled chaos was actually comforting. For most of the day, and the previous night, we’d done very little out of the ordinary. After her initial contractions began, we went to bed. In the morning I cooked a small breakfast and we went for a walk through the neighborhood. In the afternoon, I conducted an interview for work. We listened to music and swung in the backyard hammock. The only thing that hinted Nicole was in labor was her occasional pause—she’d stop, grab her lower back, maybe

grimace, and I'd ask, "Ya having one?" and she'd nod. Then we went back to a routine that seemed like a lazy Saturday. So when things actually began happening—when Nicole was pushing and Sandhano was coaching and Charlotte was preparing and I was trying to remain conscious (I'd been assured smelling salts were nearby, just in case)—the birth of our child finally felt real. And natural.

Knowing what to say to a woman in this stage of labor is like finding the right words to ask out a girl in junior high school—you know what you're supposed to say, and you practice all the time, but when the moment comes you inevitably shove a Teva directly in your mouth. I was doing all right throughout the 26 hours—lots of "I love you" and "You're amazing" and "You're doing great"—but at the end I slipped. When I inadvertently asked, "How are you feeling?" Nicole gave me a look of death. But when I played coach and said, "Make sure you're breathing," she combined that look with a pissed-off hiss: "I am breathing."

I remember that moment because it was one of the few times Nicole spoke during the whole ordeal. And because the next thing she said was, "This really hurts!"

That line—This really hurts—was the only time she ever hinted at the pain, at losing her edge. But instead of stopping or giving up, she flipped off her side and started to experiment with different birthing positions. She moved quickly and grunted hard when she pushed.

"When I was pushing at the end and it really hurt," she says, "I could imagine at that point why many women decide to take drugs. I wasn't thinking about monkeys or animals. I just wanted to push the baby out. I was doing whatever I could."

The only problem was the baby's heartbeat. It slowed in some of the positions Nicole tried, at one point dropping dangerously low. Charlotte hooked up an oxygen tank—the more oxygen Nicole received, the more for the baby. Sandhano became calmly assertive, directing Nicole into certain positions. Whether it was the monkey or something else, something had to happen soon for our baby to be born.

"I wasn't feeling any pain at all"

In our birthing class, I had scoffed at the idea of a birthing stool—basically a metal frame that simulates the sensation of sitting on a toilet—because it seemed so silly. It looked and sounded like the subject of some late-night infomercial where if you call now (!) you'll also get your own "Let your monkey do it" bumper sticker, all for the low, low price of \$19.95. Little did I know that the birthing stool would become the secret weapon of Nicole's natural delivery.



With none of the positions working and the baby's heartbeat still struggling, Sandhano directed Nicole to the stool at the foot of the bed.

Almost immediately, our baby was dropping like a pinball down the shoot, literally gaining momentum as gravity took hold. I was on the bed, behind Nicole, propping her up with all my might so her weight didn't press too hard against the metal frame. I stuck to repeating, "You're doing great."

In what felt like seconds, but was truly just minutes, I heard Sandhano say, "I need hands!" The next thing I saw, like a magic act, Nicole was holding our perfect baby daughter in her arms.

"As soon as I got onto the birthing stool, I knew I could do it. That position was the right position," she says. "It all came together there with you behind me holding me up and Sandhano and Charlotte positioned. I had all the support I needed."

Champagne never tasted so good at six in the morning. I popped the cork in our bedroom and poured glasses for everyone. Charlotte brought down sliced strawberries from our refrigerator, cheese and crackers and some "Labor-Aid" (Emergen-C, crushed calcium tablets, honey, lemon juice and water) to re-hydrate Nicole. Propped in our bed, Nicole was wide-awake, in perfect spirits and holding our daughter under new sheets. I was exhausted, mentally and physically drained and drinking Freixenet like a marathon runner drinks Dixie cups of water.

"I wasn't tired," Nicole says. "I wasn't feeling any pain at all."

She did admit there were times of doubt. Nicole never revealed them, never voiced her concern, but at points, she says, she wasn't sure she could finish the birth.

The longevity of the labor and the painful final moments are two points that can intimidate some women. Sandhano jokes about midwives being labeled masochists for challenging women to overcome such intense pain.

“But it's different from that,” Sandhano says. “Birth is a mysterious process of opening up and letting go and finding out how much the human body and nature are capable of. I don't see it as pain like cutting your finger. I see it as an emotional experience.”

It all goes back to the monkey.

“The whole time I was trying not to think about it and just to let go,” says Nicole. “I wanted my body to take over because if it knew how to make this baby inside of me, it knew how to birth it.”

For weeks—even before our daughter was born—I have been telling friends about the monkey. Most react the same way: they laugh at the absurdity of the phrase—“Let your monkey do it”—and ask what on earth I'm talking about; then they begin to grasp the concept. I have some friends who still quote the line to me, only half-jokingly, in various contexts (“I can't get this stupid thing done—I just gotta let my monkey do it”). For the right person, the idea of letting your monkey do it makes perfect sense—just like natural home birth.

Postscript: Annabella Rose Bradley Browning was born at 4:29 am on Saturday, July 16, weighing 6 lbs. and measuring 19.5 inches long. Both she and her mom have been checked by Sandhano, as well as our pediatrician, and are in perfect health.

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