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Opening Up about Birth: An Autoethnographic Account of Prolonged Labour

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Abstract

A woman's first pregnancy can be both emotionally exciting and daunting. There are many changes to make, but there is little emotional support to adjust to the role, the focus being on the physical process which is most often managed medically (Spear, 2008; Zasloff, Schytt, & Waldenström, 2007) though warnings about what could occur are not routinely told (Kaitz, 2007, pp. 720-721). This paper presents an autoethnographic story of first time pregnancy and the unfolding labour. The methodology of autoethnography is a useful tool for conveying stories of lived experience at a level of detail often previously unrecorded, evoking for the reader a powerful insight into sometimes very personal but universal human experiences. Utilising the tools of narration, autoethnography is a powerful device for conveying plot, character and events. This autoethnography provides the vehicle to juxtapose the joy and excitement of a first pregnancy and the plan for a natural delivery with a developing complicated labour and the ongoing difficulties of breast feeding, and concludes with some thoughts about how better to support first time mothers through the process.

Keywords

Autoethnography, Pregnancy, Labour, Breastfeeding

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Opening Up about Birth: An Autoethnographic Account of Prolonged Labour

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A woman's first pregnancy can be both emotionally exciting and daunting. There are many changes to make, but there is little emotional support to adjust to the role, the focus being on the physical process which is most often managed medically (Spear, 2008; Zasloff, Schytt, & Waldenström, 2007) though warnings about what could occur are not routinely told (Kaitz, 2007, pp. 720-721). This paper presents an autoethnographic story of first time pregnancy and the unfolding labour. The methodology of autoethnography is a useful tool for conveying stories of lived experience at a level of detail often previously unrecorded, evoking for the reader a powerful insight into sometimes very personal but universal human experiences. Utilising the tools of narration, autoethnography is a powerful device for conveying plot, character and events. This autoethnography provides the vehicle to juxtapose the joy and excitement of a first pregnancy and the plan for a natural delivery with a developing complicated labour and the ongoing difficulties of breast feeding, and concludes with some thoughts about how better to support first time mothers through the process. Keywords: Autoethnography, Pregnancy, Labour, Breastfeeding

Like many women seeking information about the experience of their first pregnancy and labour, I consulted several popular books to help guide my expectations. Being a white Australian woman, I also had the privilege of exceptional health care from midwives and maternal health nurses, obstetricians, general practitioners and a world class health system. Despite all this, I was not prepared for what occurred, particularly during labour, and this was because none of the processes or systems, provided me with the opportunity to explore the unexpected though, apparently, common events that can occur throughout pregnancy and labour. This resulted in my feeling as though what occurred was somehow my body's fault and this impacted my self-efficacy to control and manage events, and in turn, it affected my confidence as a first-time mother. My baby was born in 2000 and I kept most of those feelings to myself until I discovered the narrative power of autoethnography.

The methodology of autoethnography provides qualitative researchers with a tool to delve deep into the psychè of its subjects (called, participants) to convey a level of detail often not revealed by more conventional research methods. Added to which is the narrative focus which provides a further tool to convey a verisimilitude to readers.

There are many vested interests in pregnancy and labour which result in certain idealized images and aspirations of motherhood. These are often far from the reality of women's experiences and it can be very confusing for a woman to reconcile her own experiences with those idealized views. There is an opportunity in the literature for more sharing of women's experiences using a narrative style to prepare other women for potential challenges (Spear, 2008, p. 10). A strength of autoethnography is its capacity to open out rather than close down meaning possibilities; allowing exploration of the multiple truths of lived experience as a first time mother and the power of this, in turn, is to normalise and reassure women that their experience is normal.

I completed my Master's dissertation using autoethnography and enjoy hearing and telling stories. As a Social Worker, I still love hearing about people's stories – particularly the ordinary details of life which convey the universality of humanity. In my experience, although pivotal events play an important role, it is often the ordinariness of life which shape our experiences and perspectives and I am particularly interested in how people make sense of their worlds. A beginning autoethnographer, I continue my commitment to this methodology in my writing to unpack life experiences and complex social arrangements, some many informed by my lived experience.

Review of the Literature and Theoretical Frame

The vast majority of literature associated with obstetrics is written by and for health professionals (Kaitz, 2007, pp. 720-721). Of this, very little is accessible to the average woman. There are a number of reasons for this. Firstly, a lay person's ability to access academic and professional journal articles is limited by their knowledge of such material and their capacity to utilize tertiary libraries and websites. As well, most people who haven't undertaken tertiary education are not aware of the process for searching for such information and if not enrolled in or employed by the tertiary education sector, will not easily be able to access affordable resources. In addition, such journal articles are written in language and a tone which is often dry and academic. Pregnant women seeking information about pregnancy and labour are therefore propelled towards the plethora of popular books in the market, as was I, which does a more than adequate job of addressing interest, particularly from the perspective of lived experience. However, in preparing this paper I deliberately sought professional views in order to balance my lived experience with empirical evidence. Even so, there was a dearth of contemporary literature (Kaitz, 2007, p. 721) concerning the themes I address in my autoethnographic stories and, although often written by women, few used the voice of biography and all were written by health professionals. This raises an important point about the value of autoethnography, which is that its power is in its ability to create a highly relatable scenario with which ordinary readers will identify (Ellis, 2004, p. 124). This verisimilitude is the key to normalizing and reassuring women that such experiences are common and therefore, normal, even if they are not well reflected in the literature.

Laurel Richardson provides a compelling argument to write about the lived experience in the narrative discourse because: "it is the way humans understand their own lives" (1990, p. 303). Further, she suggests that when writing is used as a method of enquiry, the author explores and conveys not only the topic, but themselves as well and this is of interest to the reader (1990, pp. 20-25). Autoethnography proponent, Carolyn Ellis (2004, p. 45-50), advocates the use of personal narrative because of its power for people to see themselves within the phenomenon being observed. Its strength lies in its capacity to create a strong sense of relatedness and therefore to contribute to understanding of self or an aspect of self in the cultural context.

Autoethnography, or AE, evolved from the anthropological method of ethnography's thick description, an approach to studying culture from the perspective of the people in the culture. AE includes the researcher's lived experience by focusing on their self, their reactions, their internal reflections and analysis of events with a view to improving understanding of the phenomena under study (Witkin, 2014, pp. 1-6). Autoethnographers capitalize on their own experiences to tell stories about culture. They do this by employing their senses, their feelings and their reactions in order to critically analyse and reflect upon the experiences they have and reporting their observations and interpretations of what they see (Ellis, 2004, p. 48). This requires intellectual dexterity and highly developed skills in critical reflection and writing (Marechal, 2010, p. 43).

Method

My purpose in writing this paper is to share the events of my pregnancy and labour in order to normalise the experiences and reassure women that even though unplanned and adverse events are not easily talked about in the literature, if at all, they do occur and when they occur, they are well managed and considered a routine part of a medical labour. Throughout this narrative, I have used a journal style of reporting salient events of the pregnancy and labor and chose this approach because of its capacity to thread together isolated events and milestones to create a coherent and compelling narrative which maintains context throughout. This entailed relying mainly on my memory and that of my extended family. This was not difficult as details of the experience have remained very vivid in my mind for 14 years, a further testament to the effect the labour had on me. Though I don't feel my memory of labour has improved or worsened over the years, research conducted by Ulla Waldenström about women's memories of labour changing over time, found that there was a skewing to positive recall when infant outcomes were positive, when intrapartum care was positive and women came to terms with their labour experience (2004, pp. 102-105). These findings are consistent with my experience: I don't believe that my memory of events was worsened over time and I have a number of hypotheses for this belief: (1) I didn't actually know how bad things were during and immediately after the labour. I didn't realise how bad they were until years later when I finally processed what had occurred in my journaling of the events and in subsequent conversations with medical practitioners, so I wasn't overly alarmed at the time, and this is reflected in the vignettes. (2) My baby was an extremely contented, placid baby who was such a joy that I actively discounted my experience of the labour. If he had been more distraught and grizzly, I may well have had a different perspective of the labour. (3) I am fortunate enough to be a person with a positive disposition and a supportive family, so I reframed the labour experience as being a positive one because of my ability to access high quality care and ongoing family support. I am cognisant that I experienced child birth in a developed nation and had I lived in a developing nation I may have died in labour from hemorrhaging or other complications. (4) My second labour, 20-months later, was text book, although I again experienced slow dilation. In this case I opted for a medical delivery from the beginning and the whole experience was so much better that this seemed to right (in my mind, at least) the frustrations and disappointments of the first labour. Having said all that, it should be noted that AE is not a chronological or rigidly factual historic record of disparate events. Its strength lies in its ability to amalgamate similarly themed events to tell a story which creates in readers a strong sense of relatedness, or verisimilitude (Ellis, 2004, p. 124, 287; Ellis, 2009, p. 68), thereby improving its potential to normalise experience. In this way, AE is both therapeutic for the writer and reassuring for readers.

As with other forms of qualitative research, and despite its being focused on the self, to be done successfully AE must comply with standards of quality. In the social sciences this extends to rigour which is concerned with authenticity, resonance, generalizability (this refers to whether readers can relate their lives to the story) and, as with all research, whether it achieves what it sets out to achieve (Bochner, 2000, p. 270; Bochner, 2002, p. 86; Ellis, Adams, & Bochner, 2011, p. 8; Richardson, 2000, pp. 253-255).

As a person who has engaged in creative writing throughout my life, I am very drawn to narrative methodologies. Telling this story allows me to convey viscerally the essence of my experience of pregnancy and labour in a similar way to perhaps sitting with a group of women and sharing stories. This is a very evocative and powerful way to convey the minutiae of human experience without losing the detail, as can often occur in more traditional data-driven research. My purpose in this paper is to take the reader with me on my journey, if you like, through pregnancy and labour. A narrative style allows me to do this effectively by

conveying the most interesting parts of the story in a journalized fashion. My hope is that readers, women in particular, will relate to the common themes in my story and in the process, that their own stories of labour are normalised.

1st Trimester, December 1999

I am 35-years old and apparently, an “Elderly Prima Gravida.” The first time I hear this term, I feel as though I have done something wrong by living a full life before settling down to marriage and starting a family. In spite of this news, the amniocentesis test reveals that my little baby is healthy and free from neural tube defects and Downs Syndrome. An enormous relief. I have no morning sickness to speak of and feel relieved and grateful for this. Between weeks 5 and 12 I suffer with horrendous, debilitating migraines which go on for a week at a time and do not respond to my usual pain medication. My G.P. advises that the changing levels of estrogen are likely to be responsible. This knowledge is not reassuring and does not help me feel any better. She says I will just have to get through this period and most women start to feel better in the second trimester. Only two months to go, good grief! By mid-afternoon, I feel exhausted and sleep deeply for long periods, even though my intention is just to have a “quick lie down.” Kaz Cooke’s book, *Up the Duff* (1999) says that I’m making eye brows and it’s bloody hard work, so I conclude that, of course, I’m tired. I do feel the baby will be worth the trouble, but I’m not sure I’ll survive first trimester.

May 2000

I meet regularly with the midwives and rarely with doctors. They examine me in the Birthing Suite in a lovely-home like space with pastel coloured couches and drapes. It is quiet here – unhurried and relaxed. I am deeply moved by, and cry when I hear my baby’s heartbeat. There are many decisions to make already, including what type of labour to have: medical or natural. The doctors and midwives are very encouraging of my deciding for myself what I’d like to do. It all seems so easy and straight forward. I opt for a natural labour in the family birthing suite because I like the idea of not being sedated and trying to stay active throughout the birth. I am not usually a very physically active sort of person, but it seems to make sense that squatting and being flexible might assist the labour process. The midwives encourage me to begin writing a birthing plan which includes details about music and lavender oil and who is cutting the chord. I go along with all this but I have a nagging doubt that this stuff should not really be central to the process. I am beginning to realize that I can’t plan when or how the baby will arrive and this brings with it a sense of lack of control. My husband and I attend ante-natal classes and I am at once horrified and deterred by the labour videos, which show women who just seem to cough out their babies. I have a strong sense that this is not how things go. When we get home, I state emphatically to my husband that: “I am **not** doing that!” An irony, given my bulging stomach.

June 2000

I am in the final trimester now. I am really enjoying this trimester. I feel wonderful and people say I am glowing. The migraines have all gone and I feel better than I have ever felt before. I sleep deeply and well and am flexible and move gracefully. I feel calm and serene - my colleagues remark that I seem “so relaxed.” I contemplate whether there is a way of retaining this biological state after the pregnancy without actually having a baby in my belly.

Mid July 2000

I am finishing work now, one week before my baby is due. My colleagues spoil me with parties and gifts in a way I've never known before and I feel touched and privileged by their generosity and kindness. Although I work as a counsellor and sit most of the day, my fatigue by 5 p.m. is apparent, particularly in the dark circles under my eyes. The Reception staff encourages me to rest but I feel pressured not to be hampered by pregnancy, as though it were a disability. On my last day, I pack up my personal belongings and bid farewell to my cozy little office, feeling somewhat forlorn even though I know that my next life task will be the most exciting thing I'll ever do. At home, I am shocked by my sense of loss of professional identity and purpose. My husband encourages me to relax and rest, but this idea is abhorrent to me and I soon find myself climbing the step ladder to clean out the pantry and wash windows – activities referred to as nesting in the pregnancy books. I am a bit rattled by my instability on the step ladder but this does not deter me.

Late July 2000

I am very large now and the baby is “late” – a notion I find puzzling as the baby doesn't have a calendar. The midwives tell me that the current thinking in obstetrics is that the baby releases a hormone which triggers labour. I don't feel reassured – I just feel as though this is yet another thing I have no control over. Every day I hope that labour will commence, even though I don't know exactly what that will be like. I feel as though I'm waiting for an overseas visitor to arrive at the airport and I don't know which flight they're on. My excitement is palpable.

Early August 2000

The baby is very late now and the gynecologist mentions procedures and administering labour inducing gels – I feel unhappy with this prospect and stubbornly keep talking to my baby about the importance of coming out and meeting everyone. I take Cod Liver Oil and walk a lot, my husband and I have sex, and I go out for coffees in order to “encourage” the baby to start labour. None of these strategies work and afterwards I just feel large, frumpy and have an upset stomach. I can't get comfortable in bed, every position seems untenable and this leads to a downward spiral of increased fatigue since sleeping is no longer restful.

Friday 4th August, Evening

My contractions finally start in the middle of the night and I am excited. They are very strong and quite regular, occurring about every 12 minutes. This situation continues with no progress and I start to feel frustrated – I just want to meet my little baby. In between contractions, I read, take hot baths and play Scrabble with my parents, taking to the floor on all fours to breathe through very strong contractions. My step-dad is alarmed and dismayed by my pain and offers paracetamol and my mum and I laugh at his inexperience with labouring women.

Saturday 5th August, 7 p.m.

I've had enough. My husband and I have not slept much since Thursday and the contractions have not hastened. In my mind, I'm convinced that I must have "labored" enough by now and it's time to deliver this baby. I ring the hospital's birthing suite and the midwives ask me to come in. My husband and I attend, with all the paraphernalia. If I wasn't so exhausted, I'd be excited. When we arrive at the hospital, a cervical examination reveals I have only dilated 2 centimetres. My disappointment is emotionally overwhelming and I weep. The midwives offer us a shared double bed for the night, some Valium to encourage sleep and fetal monitoring to check on the baby. I do sleep, but lightly, aware of my discomfort at sharing the intimacy of my marriage in such a public environment.

Sunday 6th August, Lunch Time

I spend the morning in an isolated single room with fetal monitoring equipment attached to my stretch-marked belly and a couple of aged gossip magazines. Apart from the fact that the room itself is far away from the main birthing suite, I feel forgotten and neglected – and hungry because the staff have not given me anything to eat and it is now nearly lunch time. After this ordeal, we are directed to return home and wait. The midwives tell me I will need to have dilated a good ten centimetres before the baby will be born. It seems like an impossible task. I can't believe I've come this far in the pregnancy and am stymied now. I feel completely dejected and demoralized by my failure to deliver. I am surprised by my husband's patience and understanding.

Monday 7th August, 6 a.m.

Another sleepless night with mostly regular contractions, around every 6 or 7 minutes. The pain is excruciating and renders me up on all four limbs breathing through each contraction, which lasts several minutes and feels as though my insides are coming away from the skin and flesh. My husband does his best to offer comfort – he rubs my lower back and holds me in between contractions, but I am getting a very strong sense that I'm in this on my own! By 5 a.m. I am showered and dressed because I can no longer bear to stay in bed. I ring the maternity hospital and tell the midwives I'm sure I've dilated by now, though I have no way of knowing this and I haven't mentioned it, but there has been no

sign of the promised mucous plug or waters breaking! The midwives tell me to come in. I am relieved. It's time.

Monday 7th August, 8 a.m.

My husband drops me off at Triage and leaves me to park the car in this busy, inner city suburb where parking spots are hard to find. I explain to the Receptionists that I am in labour and they look doubtful – asking several questions about how long it's been going on. In the middle of explaining about my weekend ordeal, I am suddenly thrust forward in a contraction, doubled over in pain, breathless, and the Receptionists simultaneously look horrified and spring into action, ordering a wheel chair from a disembodied voice on the phone. Finally, I am on my way to delivering this baby. I feel a huge sense of relief.

Monday 7th August, 9 a.m.

I am in the familiar bedroom at the birthing suite where we spent Saturday night, but I don't feel reassured. The midwives examine me and tell me that I'm still only two centimetres dilated. I want to scream. They try to reassure me that if I keep labouring I will eventually get there on my own. I am flummoxed and in my exhaustion tell them I can't do this any longer and want the baby out. Instinctively I have a sense that it's all taking too long for the baby's well-being and insist on being admitted to the labour ward for a medical delivery. They tell me in a warning-like tone which I don't appreciate, that the choice is mine but once I go to the labour ward, I can't come back to the birthing suite. Somehow this no longer bothers me.

Monday 7th August, 9.30 a.m.

I am transferred very expediently to the Labour Ward and it is not the horrible place I anticipated, though it does have a definite clinical edge to it. Gone are the floral pastel drapes, couches and double beds - everything is a kind of government grey colour and very spartan. I don't care ... my body is exhausted and I am over-tired and emotional. Decor isn't really my first priority any longer. Very quickly, I am introduced to a lovely young midwife who advises she will stay with me in the room and look after only me for her entire shift. Calm and efficient obstetricians arrive to talk with me about options for pain. I feel like I have left the cheap holiday tour package and have arrived at the luxury resort! I opt for an epidural and as the anaesthetist inserts the needle into my spine and tells me to keep perfectly still, I feel such a sense of relief that I begin to silently cry. For the first time, I feel as though I am not alone in this process. Immediately, I am lying on the bed feeling much more relaxed, and as my lower body becomes numb, I feel sad that I won't be able to walk around during labour anymore and feel momentary regret about that, but then realise that I'm too tired now anyway.

Monday 7th August, Afternoon and Evening

The day progresses quietly and calmly and I enjoy talking with the midwife who tells me a bit about her life. My husband also stays by my side, but pops outside frequently for cigarettes. A doctor comes to administer some prostaglandin gel; she tells me this will hasten labour and I feel hopeful again. After a few hours my cervix still hasn't dilated much, but I feel secure that I am now in a place where I don't have to bear the responsibility for the process on my own. A relief since I, and my body, clearly have no idea what we're doing. By early evening, the midwife has gone home and another gentle woman arrives to look after me. The doctors tell me that I have dilated to five centimetres and again, my hopes are raised that this could mean the baby is coming soon, but once again, my cervix dilates slowly and by late evening, I am still not yet delivering. I am beginning to wonder whether this is some kind of practical joke on me but in the recesses of my brain are the nagging thoughts that somehow it's my fault that things are not progressing "properly."

8th August, 2.45 a.m.

From about midnight on, the contractions get closer and closer, though I only know this because the fetal monitoring equipment shows it. The doctors come in more frequently to check on me and tell me what will happen next, but nothing prepares me for the rush of activity at about 2.30 a.m. In the half light of my sleepiness, I notice the midwife checking the ribbon from the fetal monitor. She stands from her chair to take a closer look, taking the ribbon in both hands to examine it. She then gets a horrified look on her face and quickly leaves without a word to me. Although I'm half asleep, and my husband is asleep on a mat on the floor, I don't think much about it, but instinctively I begin to feel nervous in my stomach. Something doesn't seem quite right. She is back in the room after only moments and in her wake are the obstetrician, a couple more midwives and some other people I haven't seen before who bring with them large pieces of equipment, including a baby defibrillator. By now, my husband is waking and standing up, also looking perplexed. I look at him and he looks at me - both of us are scared. The midwife calmly explains that the new people are pediatricians and the equipment is "just in case." The words "just in case" echo through my mind but she doesn't say what case they'd be used in. I am horrified. The gowned obstetrician rounds the bed and explains in a voice that is urgent and authoritative, but calm, that the baby is distressed and will need to "come out now." All I hear is the word "distressed" and even though I don't know exactly what that means my mind spirals into a place of high anxiety. In the absence of any other explanations or reassurance, my husband and I hold hands tightly and mutter "It'll be alright" to each other. Quite quickly after this, my feet are in stirrups and I am in the throes of labour. Although I have lost any sense of modesty around my vagina, I am a bit horrified to hear the midwife tell me to push as if I'm doing a big poo. I wonder whether she's mistaken: How could such a precious moment be tinged by the thought of emptying one's bowels? That can't be right, I tell myself, but before I have a chance to think much more about it, I am pushing again. The obstetrician tells me that the baby's shoulders are stuck in the birth canal and that he'll have to use forceps to get it out. Despite the pain relief, I find the

pushing hard work and quite painful. Anything below my waist though seems separate from me - I have no idea what is going on down there. As the baby's head crowns, the midwife grabs my hand without asking and thrusts it down to the baby. "That's your baby's head," she says and I am horrified. Of all the things they tell you about labour, nobody has ever mentioned to me that this is something that can or will happen. I feel like a bad mum already because I have not enjoyed feeling the baby's wet, sticky head. When the baby is fully born, he is placed into my arms for a quick cuddle and my husband strokes him, then just as quickly he is taken away from us by the pediatricians to the corner of the room to check his APGARs. I try to glimpse what they're doing through the barrier of people at my stirruped feet but can't really make anything out. I feel the squelchy sensation of the placenta being born and then feel weak and dizzy. I ask the midwife to recline the bed more, but despite this, feel my head become floppy as I faint. I come to soon after but feel nauseous and cold. The doctor is inserting a blood transfusion bag into the cannula in my arm and explaining - again in the calm, authoritative voice - that I have had a postpartum hemorrhage and they're replacing the lost blood. Nothing to worry about.

After Labour

Later in the morning, I am moved to the ward and I am worried that my family won't know where to find me. I feel exhausted and weak but when I get to the ward, the nurses don't seem to know this, or if they do, don't seem to care. They encourage me to get out of bed and walk around. I try, but can't get beyond swinging my legs over the edge of the bed, still in a reclining position, without feeling like I'm going to faint. After this, the nurses leave me alone. A further transfusion is given to me while my baby sleeps in his plastic crib next to my bed with a beanie and large heat lamp over him. The nurses tell me this is because he's feeling cold and this is often the case with babies who have "difficult labours." "So," I think, "we had a difficult labour." Although I have a drip and the blood transfusion in my arms, I try to reach over the crib to touch his cheek. I am desperate to hold him, but he just sleeps. My parents come to visit in the morning and then again in the afternoon, eager to see the baby. My Dad seems disappointed that the baby hasn't opened his eyes yet. Throughout the day, the midwives come by to see whether the baby is awake and tell me that we really need to try to get him to breast feed and get the colostrum which evidently is very important for the antibodies it contains. I don't know why they're telling me this as I can't control the baby's sleeping habits - I feel pressured to do things I can't do. As well, I'm not at all convinced that it's good sense to wake a sleeping baby. In the end, he sleeps for two whole days before waking up; I figure he must have been exhausted after that prolonged labour. The day after the labour, I am encouraged to have a shower and am taken to the shared bathroom on the ward. It looks like something from the 1960's and I'm left alone to shower. I struggle with the tubes and I.V. pole in the tiny cubicle, but mostly I struggle with feeling weak and incredibly sore around my genitals. I don't want to touch that area at all - it feels like all the tissue is loose and flapping about like a flag in the breeze. I can't imagine ever recovering from this. I stand in the shower and cry, feeling hopeless, helpless and abandoned.

First Week after Birth

I remain in hospital for a week after the birth, recuperating and trying to get the baby to latch on, as it's called, to my breasts to feed. Whenever he is placed close to my breasts, he screams and flails his arms about - he seems traumatised. All kinds of creative strategies are employed to try and get him to latch on. At one stage, I have three midwives' hands on my breasts with tubes and adhesive tape to try and trick him into latching on, but he doesn't. In the middle of this, my bedside phone rings. It's a colleague who is calling to congratulate me. I matter-of-factly explain that I can't talk right now as I have six hands on my breasts. She seems embarrassed and rings off promising to call back later, but she doesn't. The midwives are very optimistic that the baby will eventually latch on, and as I feel like an experiment by the process, I wonder why this is so important. At the same time, I am seen by a continence nurse and physiotherapist who give me pelvic floor exercises to regain the tone in my muscles following this long labour. This is the first clue I get that my labour was unusual. The approach seems to be one of fixing something that's broken and again, I become cognizant of the looming feeling that somehow the long labour and subsequent effects on my body is somehow my fault.

August - September

Finally, we are allowed to go home, though my young son is still not latching onto the breasts. We are booked into the local lactation clinic to keep trying. My mother rents a breast pump from the pharmacy and I begin pumping immediately. It seems to take me hours to produce only 50 milligrams of milk, so I buy formula to supplement. I feel better about things when I know what I have to do, so buy a large stock of plastic bottles and a steriliser and set about each morning sterilizing bottles and making a large batch of formula. This routine reassures me. I am nothing if not organised. One day I spill my breast milk on the kitchen bench and drop onto the floor in despair, crying. I begin to feel the effects of the hormones and feel teary and as though I'm doing a terrible job as a first-time mum. No amount of reassurance from my husband and mum convinces me otherwise. I am despondent. I pump my breasts every few hours and get up once in the night to feed the baby and pump, but increasingly feel like a cow instead of feeling that this is a dignified thing to do for my baby. The baby and I diligently attend the lactation clinic three times a week initially where the midwives try all sorts of things, including warm baths and massage to try and encourage him to latch on, but he does not seem any keener as time goes on and after seven weeks, I decide to stop the madness. The midwives still try to persuade me to continue, but I have found my assertion again and firmly explain that I can no longer do this and anyway the baby is gaining weight and seems very healthy. I am grateful for their commitment to us but secretly I feel disappointed that this special time has been marred by so much intervention. I just want to enjoy my baby now.

Discussion

At the time of my first pregnancy and labour, I did not seek out academic papers to inform me. Like most women, I relied solely on pregnancy books, most written by doctors and

midwives and tried to balance the medical view with Kaz Cooke's humorous book *Up the Duff* (1999) and Murkoff and Mazell's *What to Expect When You're Expecting* (1998). I also had a good friend, who was having her first baby, and as a nurse, she had what I considered well-informed views but still I did not contemplate or anticipate the experience I ended up having. Since that time, there has been more research published in academic journals about the experiences of women but it is written by academics, rather than the women themselves, leaving a gap for more stories of lived experience. Even though my story can't be generalized to other women, my hope is that in discussing some of the things that are not usually explored in labour preparation, it may provide some reassurance about those events in a way which is normalizing and does not create anxiety. Anecdotally, women have conveyed to me their own birthing stories which encompass experiences of prolonged periods of contractions, failure to dilate and difficulties in babies latching onto the breasts for breastfeeding. I believe the construction of these as "difficult labours" is problematic and disempowering for women because they are common experiences (Waldenström, 2004, p. 105) and can therefore, be normalised as events that may occur in labour which, with proper obstetric management, are not a cause for maternal anxiety. I think if the so called difficulties of labour, that is the anomalies, were more openly discussed in a way which normalises them, women would be better prepared for such events in their own labours. My expectations certainly would have been more realistic concerning the potential length of a first labour, particularly in relation to the time it can take for women to variously dilate, what to expect in labour when a baby gets distressed, the potential for a post-partum hemorrhage and the potential consequences to breastfeeding (of a complicated labour). I'm not an anxious person so these events were not overly stressful for me, but another woman – perhaps one with mental health issues or one prone to anxiety – could experience heightened distress as a result of unplanned events, including those that medical staff might consider quite routine, such as the process that occurs with the onset of labour.

In their research at UCLA Medical Centre about women's ability to recognize the signs of the onset of labor, Scrimshaw & Souza noted the difficulties of identifying the onset of labour and the factors, such as culture, play in expectations around the level of care and intervention women would receive. They note that labour is: "difficult for even the most knowledgeable, prepared woman, particularly the first time labor" (1982, p. 1473). Consistent with their research findings, I too experienced strong contractions which prompted my repeated contacts with and visits to the hospital prior to finally being admitted for delivery. I also expected the mucous plug to dislodge and my waters to break as had been documented in the books I read, but neither of these events occurred in my first labour. To my recollection the absence of these signs was never discussed nor were their implications for my delivery, other than the doctor advising me of the procedure when she did break my waters.

Hila Spear's account of her daughter-in-law, Leah's experiences of pregnancy, labour and breastfeeding is a marvelous example of a narrative account, in lay-person's language which conveys hope in the face of difficulties and things not going to plan. In this account, a healthy young first time mother, Leah experiences strong nausea and vomiting throughout pregnancy and which did not abate, even with the administration of an antiemetic medication. Although I did not experience much nausea, and this too made me feel unusual, this is a story I have heard from other women who, again, lament the approach taken by medical staff that excess nausea and/or vomiting is an unusual process in pregnancy. This approach just serves to stigmatise women which is ultimately disempowering.

Although obstetric care in Australia is of a high standard, and I am grateful for the fine care my baby and I received, my labour experience was at times frightening for my husband and me, often because we simply did not know what was going on and what to expect. I encourage midwives and medical practitioners to consider the experience from the perspective

of first-time mothers and their partners, and in particular to develop ways of discussing potential complications without causing fear and/or anxiety.

References

- Bochner, A. (2000). Criteria against ourselves. *Qualitative Inquiry*, 6, 226-272.
- Bochner, A. (2002). Perspectives on inquiry III: The moral of stories. In M. L. Knapp & J. A. Daly (Eds.), *Handbook of interpersonal communication* (3rd ed., pp. 73-101). Thousand Oaks, CA: Sage Publications.
- Cooke, K. (1999). *Up the duff*. Melbourne, Australia: Penguin Books.
- Ellis, C. (2004). *The ethnographic I: A methodological novel about autoethnography*. Walnut Creek, CA: Altamira Press.
- Ellis, C. (2009). *Revision: Autoethnographic reflections on life and work*. Walnut Creek, CA: Left Coast Press.
- Ellis, C., Adams, T. E., & Bochner, A. P. (2011). Autoethnography: An overview. *Forum: Qualitative Social Research*, 12(1), 10.
- Kaitz, M. (2007). Maternal concerns during early parenthood. *Child: Care, Health & Development*, 33(6), 720-727.
- Richardson, L. (1990). *Writing strategies: Reaching diverse audiences*. Newbury Park, CA: Sage Publications.
- Richardson, L. (2000). Evaluating ethnography. *Qualitative Inquiry*, 6, 253-255.
- Scrimshaw, S. C. M., & Souza, R. (1982). Recognizing active labor: A test of a decision-making guide for pregnant women. *Social Science and Medicine*, 16, 1473-1482.
- Spear, H. J. (2008). Overcoming challenges: A first-time mother's breastfeeding success story. *International Journal of Childbirth Education*, 23(1), 10-12.
- Waldenström, U. (2004). Why do some women change their opinion about childbirth over time? *Birth*, 31(2), 102-107.
- Witkin, S. (Ed.). (2014). *Narrating social work through autoethnography*. New York, NY: Columbia University Press.
- Zasloff, E., Schytt, E., & Waldenström, U. (2007). First time mothers' pregnancy and birth experiences varying by age. *Acta Obstetrica et Gynecologica*, 86, 1328-1336.

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