

From medical student to midwife

The day I delivered my daughter on our bedroom floor

Kevin Lowder

The author is a member of the Class of 2016 at Texas Tech University Health Sciences Center Paul L. Foster School of Medicine. This essay won honorable mention in the 2015 Helen H. Glaser Student Essay Competition.

I don't think I can make it down to the car."

There it was: the phrase every expectant father dreads hearing from his wife as they prepare to leave for the hospital. In the blink of an eye the staircase from our second story apartment became as daunting as the Himalayas.

"Honey, are you sure??" I pleaded, "I can carry you down the stairs if we need to!" The panic in my brain was spilling uncontrollably out of my mouth. "And then," I continued, "I'll run every red light and break every speeding law and get us to the hospital in ten minutes!"

(The adrenaline coursing through my body was assuring me that shaving fifteen minutes off my twenty-five-minute commute to the hospital was not only plausible, it was actually a stroke of brilliance.)

"No, I can't move." She looked up at me, her eyes the size of saucers.

"Oh, man. . ."

Before I proceed, I should pause to explain the context of our predicament. My wife Rachel and I were expecting our second child—another little girl—and the due date was right in the middle of my combined OB/GYN and Pediatrics clerkship. My clerkship directors gave special permission for Rachel to serve as my "continuity patient," rather than randomly selecting a patient from the clinic for me. This was fantastic news, since it meant that not only would I be able to attend her pre-natal appointments, but





I would actually be required to. (Not a great substitute for date night, but beggars can't be choosers.)

Before the birth of our first daughter, Rachel had informed me that she was not keen on the idea of having a needle stuck into her spine and expressed a desire to “go natural.” So I agreed to attend a weekly birthing class with her that would help prepare her physically and mentally for a natural birth. As it turned out, she had a very smooth first delivery and decided to pursue another natural birth this time around. She was referred by a friend to a highly-regarded local midwife—a match made in heaven. Unfortunately, just two weeks before the due date, our midwife informed us that she was retiring and would not be there for the birth. Ouch.

As luck would have it, I was currently stationed on the Labor and Delivery (L&D) floor at the same hospital where we planned to have our baby. I quickly recruited a team of nurses, residents, and attending physicians who assured me that they would help my wife have the labor she desired if they were on duty when we came in. Even so, the thought of transferring care at this point in the pregnancy was a source of great anxiety for her.

After about a week's worth of conversations between us and after feeling reassured through much prayer, Rachel informed me that she finally felt completely at peace that everything would turn out just fine. And so the days passed, and the due date came and went. My last day on OB/GYN was on a Friday and—with no signs of our baby—I asked my little team to be on the lookout for us.

That Sunday morning Rachel woke up at 2:00 AM with painful contractions. I was in my standard sleep deprivation-induced coma, so she (who, as I had previously established, has a much higher pain tolerance than I do)

decided that she would just track the contractions by herself and wake me up when she thought it was about time for us to leave for the hospital. After all, she had done this before, our bags were packed, and everything was in place. *What could possibly go wrong?*

The first hour, contractions were seven minutes apart. Close enough to justify going to the hospital, but she decided that she'd much rather labor in the comfort of our home than at the hospital. The next hour they were six minutes apart. The third hour, the contractions were still six minutes apart, but with a few intervals of only two to three minutes apart. Then her body started to shake. She woke me up, and after explaining the intervals and the shaking to me we decided that the time had come for us to grab our bags and go. My wife's parents live about three miles down the road from us, so we called them to come watch our two year old while we went to the hospital. “We'll be there soon!” they told us excitedly.

In the meantime, Rachel went to use the restroom before leaving the house. Almost immediately, any semblance of still being in early labor disappeared. Still seated, her whole body began to shake much more strongly than before. I had just changed into my hospital scrubs when she called out to me to come hold her, a sound of worried urgency in her voice. I bounded over to her and she leaned her weight into me as I held her until the violent contraction subsided. Sensing that we were on a deadline, I frantically returned to grabbing a few last-minute items to throw in the bags. I hadn't gone far when she called me back to her—she hadn't moved and was already having another contraction. And that's when the blood came.

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if we need to! I'll run every red light and break every speeding law and get us to the hospital in ten minutes!"

"No, I can't move."

"Oh, man. . ."

My heart fell into my stomach. Though I had already delivered what felt like a million placentas, I had only caught two babies in my time on L&D, and both times my instructor's hands were around mine, walking me through the maneuvers to help guide a baby out. My mind began to race. *What are we going to do?! Who is going to help us??* At that moment I realized that there would be no one there to help us. It was just Rachel and me.

There is a common phrase that in these types of situations your life will flash before your eyes. While it wasn't my entire life that flashed before me, time did stand still momentarily and I was taken back to the conversation with Rachel in which she described the peaceful reassurance she had felt in her prayers that everything would turn out all right for us. A feeling of calm, determined confidence flooded through me. I trusted then that God would take care of our little family.

Eyes set and shoulders back, I transformed into the chief of trauma surgery. Two pumps of lavender-scented bathroom hand soap and I was scrubbing in. Clean hands? Check. Clean towels? Check. It was game time, and my adrenaline flowed as an imaginary stadium of fans inside my mind cheered me on. When I turned to help Rachel stand up from the toilet where she had been sitting frozen and trembling, I found that she was already standing. Exerting all of her strength, she made it to the towels I had laid down. Then the next curve ball came. She instinctively fell down onto the towels in the only comfortable position: kneeling on all fours.

My jaw dropped (a collective gasp sounding from my little mind-stadium of fans) and my confidence wavered. Speaking as the baby's father, rather than the baby's doctor, I explained to her that I had never even seen a baby delivered from all fours, and I pleaded with her to try to turn over onto her back.

"I can't move!" she managed to gasp out between contractions. That settled the matter. Hands and knees it was.

After only a few minutes of her heroic pushing and my careful maneuvering, our baby girl fell gently into the towel in my arms. The interesting thing about a baby being pushed out from all fours is that her face was looking up at me the whole time, and it was a very surreal moment to stop and realize that mine was the face to welcome her into this world. As I had learned to do during my clerkship, I began the vigorous drying of her little body, hoping that it

would provoke her to cry and open up her lungs. A huge wave of relief washed over me when that strong little cry rang out in our apartment, a new life greeting the world on a Sunday morning just before dawn. Almost immediately my adrenaline evaporated. A sensation of warm pressure erupted over my entire body and was replaced by a fine layer of cool sweat. Finally, after nine months of waiting—and one intense roller coaster of a morning—we had done it! (And the fans went wild!!)

The following minutes and hours went by in a blur. Just minutes after the birth, my in-laws arrived to find my beautiful wife reclined against the cupboards of our external bathroom vanity with a baby already on her chest. In the fifteen minutes since we had called them, we had already had our baby. Next to arrive was the EMT crew who we had called right after the delivery to ask how we should proceed. At the recommendation of the 911 dispatcher, I had used a shoelace to tie off the umbilical cord. The paramedics cut the umbilical cord and then carried Rachel down the stairs to the ambulance in a bed sheet that served as a makeshift hammock. I rode in the back of the ambulance with Rachel, and we smiled at each other the whole way as we gazed at the beautiful little angel that had just joined our family.

What's amazing to me is how much we're capable of when necessity requires it. If someone had asked me if I could deliver a baby at home, I would have emphatically assured them that I most certainly could not. In retrospect, I shouldn't have been so quick to doubt myself. This is now my third year of medical school. I've studied longer hours, worked longer shifts, and gotten more done on less sleep than I ever thought I could. I was certain that I couldn't deliver a baby at home, and yet I did. It's exciting to be wrong about my self-imposed limitations. I look at my new daughter with new hope in my heart. What else have I been wrong about?

About Kevin Lowder

Born and raised in Northern California, I attended Brigham Young University in Provo, Utah. After a two-year deferral of my enrollment in college to serve a mission for the Church of Jesus Christ of Latter-Day Saints in Brazil, I returned to BYU, and one year later married my wife, Rachel. We had our first child seventeen months later as I was completing my bachelor's degree in Nutritional Science. I am now attending medical school at the Texas Tech University Health Sciences Center El Paso Paul L. Foster School of Medicine, and love coming home each evening to the laughter and smiling faces of all my girls.