



ACNM REDUCE Campaign Media Briefing Personal Statement of Barbara Stratton

My name is Barbara Stratton and I live in Baltimore, Maryland. I am an experienced doula which means that I am trained to provide labor support to women. I am also a women's health advocate. This is my story.

My son was born in 1999 by what I strongly believe was a preventable cesarean section. The problems began when my doctor ordered an ultra sound just before my due date. I was told that the results indicated that my baby was in the 95th percentile for size and weight—a big baby. Although the medical community knows that ultra sound size estimates—particularly those done near term—are often inaccurate, my OB pressured me to start labor even though my body was not ready. The result was a cascade of interventions. Before it was over, I had a fever and a swollen cervix that would not dilate any more. I had cesarean surgery to deliver what turned out to be a baby who was only 8 ½ pounds. My story is an example of what has become for many the typical obstetrical over-management of birth and is why I feel the surgery was very preventable.

While I was in the hospital after the operation, my abdomen bloated so badly with gas (a common surgical side effect) that I became distended beyond my pregnancy size and actually got new stretch marks as a result. Because of the incision, gas and bloating, I was extremely uncomfortable.

I was discharged from the hospital (per my request) 2½ days after surgery. I realize in retrospect how dangerous that probably was; I was so sick from the cesarean that I wouldn't have known I was having a serious complication if one had occurred.

The night before my discharge, I was groggy from pain killers and post-surgical fatigue and could not nurse my son for fear I would drop him. As a result, my breasts became engorged and my son stopped latching onto the breast the next day. I now know why cesarean babies face a higher risk of not being breastfed.

Because I was not well enough to travel to appointments, I had to hire an in-home lactation consultant who I had to pay out of pocket. Because of the nursing difficulties, I had to take my baby to the pediatrician several times to monitor his weight gain, which was an added hardship on top of trying to recover from the surgery.

I bled on and off for several months and I was in considerable pain for some time. It hurt every time I rolled over in bed, got out of my car, carried my son in his car seat, carried a load of laundry, stood for long periods of time, lifted a bag of groceries, got up from a chair, swept the floor, or got out of bed. My job didn't offer any extra maternity leave for cesarean births, so I was back to full time work by the time my baby was 6 weeks old. Believing the myth that cesarean moms are back to normal at 6 weeks postpartum, I went to a new OB at the four-month mark to see what was wrong, because I still hurt so much. It was around that time that I discovered, from the International Cesarean Awareness Network, that many cesarean moms have pain for months or even years after their surgery.

It was at least six months before I was able to take even a brief walk without aggravating the pain. I am at risk for diabetes, so the decrease in my physical activity created a very unhealthy situation for me.

In the end, I suffered from daily pain for a year and a half after my son's birth. I had postpartum depression for two years.

One of the most emotionally devastating aspects of my experience has been the realization that I may not have more children. I resolved, during my recovery, that I would not be willing to get pregnant, and risk suffering through that kind of recovery again. I've overcome that fear to some regard, enough to start trying to conceive, but now I am experiencing trouble getting pregnant. A recent test determined that my fallopian tubes are not blocked (which might have resulted from the cesarean) but I am worried that adhesions in my abdomen may be the underlying cause of my current problems, but the only way to be sure would be to undergo more surgery. That is the point at which I am now.

Through the work that I have been doing on this issue, I have heard stories from many other women who have suffered a great deal from their surgical births. In my own city of Baltimore, I have heard from two women who nearly died – one during her cesarean surgery, the other while recovering just after the surgery. Both cases resulted in emergency hysterectomies so neither of these women will be able to have another child. One was a 23-year old first-time mother.

Kimberly, who is also a first-time mother, was told she needed a cesarean simply because she is overweight. Due to her surgery, Kim developed a hospital-acquired infection that landed her in the intensive care unit for two weeks.

Cesarean surgery involves an incision through several layers and subsequent suturing to close the incision. Many women develop hernias through their incisions, as was the case with my friend Dawn, who had to undergo more surgery just weeks into new motherhood to repair her hernia. Because of the repair, she was not allowed to have a vaginal birth with her next child.

Another more severe type of hernia happened to a woman in the Washington D.C. area, after she elected a repeat cesarean for her second child. During the weeks of recovery, this mother developed excruciating pain and was rushed into the hospital, where doctors discovered that one of her internal suture layers had come apart and a portion of her bowel had become trapped in the opening. An operation was performed, but the surgeon was not able to completely repair the problem. The mother was then sent home to care for her newborn, as well as her two year old child, with the instructions not to lift anything, including her own baby. Even with precautions, she is at risk for the problem reoccurring, and her entire bowel could die. She is also not allowed to have any more children. This woman, who is educated and has a high-profile career, said to me, "Barbara, I had NO IDEA that cesareans could cause these kinds of complications."

As a women's health advocate, I am very concerned that the problems these women have experienced are being hidden from view. No one seems to care how much these complications cost either in pain and suffering, lost wages, bills for additional procedures, loss of ability to have more children, or babies who are less healthy because they are not breast fed. I don't believe that any woman should go through this major surgery unnecessarily, and for those that may be electing to have a cesarean, I feel they aren't being told of the risks.

Barbara Stratton is available at:
Home: (410) 483-3202
Cell: (443) 695-5367
womancaredoula@comcast.net

The ACNM REDUCE Campaign – Research and Education to Decrease Unnecessary Cesarean Section – is a public service campaign from the American College of Nurse-Midwives and its partners. For more information, or to arrange an interview with a REDUCE Campaign partner, please contact Tim Clarke, Jr., ACNM Associate Director for Communications, at (240) 485-1821 or tclarke@acnm.org. Visit ACNM online at www.midwife.org.