WHOLISTIC HEALING PUBLICATIONS

THE INTERNATIONAL JOURNAL IJHC OF HEALING AND CARING

WHOLISTIC HEALING WHP PUBLICATIONS

WHOLISTIC HEALING WHR RESEARCH

September 2003 **Volume 3, No. 3**

RETURNING TO THE HOMELAND:
Medical Student Experiences of Natural and Hospital Births

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I spent last month working with a really fabulous family doctor and three home birth midwives in Albuquerque, New Mexico. Without a doubt, this was a very different experience from anything I imagine is offered in any medical school.

This issue of identity and internal clashing, being raised in a midwifery model of healing, yet training to be a physician, has been and will continue to be one of my most tremendous struggles to find my place within medicine. I am the daughter of a home birth midwife. I will soon be a physician. Apparently, this is not common. In fact, I am the only one that I know of so far.

After three and a half years of medical school, and another year of working with medical students at the American Medical Student Association (AMSA), I returned to the land I grew up in. I hadn't ever forgotten my homeland, not really. For years, I had focused on holding tightly to myself, expending all mental and emotional energy on remembering who I am, as an individual, as a healer. Somewhere along the way I forgot the essence of the system of healing that called me, that shaped me, that birthed me.

Eight months ago I planned a four-week childbirth rotation with three home birth midwives in Albuquerque, assisted by the generosity and advice of a family practice attending ally. I knew vaguely that I needed to do this; I needed to recover from my toxic experience of traumatic, rushed, hateful hospital birth. My soul as a woman, as a physician, as a sister who saw two siblings born at home, carried deep wounds that I could barely access from these four weeks in conventional medical obstetrics and gynecology. I wanted to return to a safe place, to safe people, to a safe community, where I could remember through the horror of my third year obstetrics and gynecology clerkship into what I knew before. A place where I could ask hard questions, explore controversial issues, and speak of my own path and my own knowledge without experiencing condemnation and belittling.

Yet when I composed objectives for this elective, they emerged starkly quantified, in words even the hard-nosed chairman of my school's ob/gyn department would smile upon. My stated reasons for this elective rotation were that "I would become more comfortable with vaginal exams, understand the protocol for hospital transport, improve my history-taking skills." My language reflected my years of medical training: do, see, perform, examine, gain.

Last month my childbirth rotation quickly transformed into a maternal and child health rotation. I began to breathe... To watch and to learn – as opposed to my medical school experience of watching and learning how not to be… To feel recognized and seen for who I am as an individual. ”This is Mara, a medical student, with us for a couple of weeks.” Mouths pinch, heart rate increases, discomfort hangs in the air. (Many families who see midwives have had negative encounters with doctors and the medical system). ”Her mother is a home birth midwifd.” The frown shifts quickly to a smile. I am welcomed and part of the family. (Few physicians appreciate the negative impact of conventional medical care upon many of its recipients.)

All three midwives I worked with are extraordinary people. First and foremost, they are full of kindness and simple courtesy. (Why was not a single ounce of this present in my ob/gyn core clerkship?). But more essentially (because my year of clerkships following ob/gyn has been filled with very nice, well-meaning doctors), full of passion and sharp wit. In my experience, most midwives I know carry their stories near the surface, read through their face, their laughter, their quiet, and spilling over with little prodding. On the other hands, doctors tend to carry their stories deep within, carefully guarded, withholding always, at least a little bit.

I spent some time every day reading. Two of my favorites were *Myths Versus Research Realities* by Henci Goer and *A Guide to Effective Care in Pregnancy and Childbirth* by **. They both contain evidence-based examination of all aspects of current prenatal, birth, and postpartum care. On some level my studies horrified me, because I want to believe that the medical system I’m being trained into has some base of rationality (even if it is off the mark). However, over and over again, the existing protocols for prenatal care and childbirth not only are not supported by the research, but indeed the research clearly tells us that we should be doing the exact opposite. Routine external fetal monitoring has no shown benefits in a normal birth, but rather increases the rate of intervention (forceps delivery, caesarian section, etc.). Amniotomy (sampling the amniotic fluid), pitocin induction of labor, spinal anesthetic use, screening for gestational diabetes, the fear around vaginal births after c-section – common to the point of being epidemic – are all fraught with negative effects and dangers... I could rant on and on. Why are most physicians trained in high intervention, high technology care, when over and over again, the research shows this to be completely unnecessary and in fact detrimental in 95% of childbirths?

In my four weeks with the midwives, I didn’t see a single birth. Why? The families wanted a private birth, the baby came so quickly the midwife almost missed it, I was out of town visiting other midwives, other birth centers. People who hear this (especially other medical students) sigh with disappointment for me. I am not disappointed. I have seen births before, and I will see births in the future, at home and in the hospital.

My birth-free childbirth month reminded me what we all know but often forget in medical training “See as much as you can. Do as many procedures as you can Learning to care for people is not just about numbers, about reaching a mass quantity necessary for comfort and skill... I feel this is deeply wrong. Healing medical treatment is about quality (when we have the luxury to indulge in it, which is not often, especially as a resident) and always, always, always about relationship. Sadly, neither quality time nor relationship are emphasized in medical treatments, much less in medical schools.

What did I learn from working with midwives? I learned how to listen. I learned which questions to ask in order to elicit the most relevant and helpful information about pregnancy, childbirth

and postnatal care. I learned that there is nothing, absolutely nothing, that can replace quality time with a patient. I learned how informed decision-making (in glaring contrast to ”informed consent“ in the medical model, implying that of course the answer will be yes) is not about talking someone into accepting something by using the right trigger words. How easy it is to create exactly what we fear.

Each woman, each family, each community bringing a child into this world needs something unique and individually different from a caregiver. Allies come in all shapes and forms... and in all sorts of conditions. For instance, red raspberry leaf tones the uterus. Who gives care? Who takes care? Can we move to a model of caresharing? Fear will not be ignored. We each must create what we want because no one else is going to create it for us.

I have spent years searching for my geographic home, trying to answer the question, ”Where are you from?” I have many homes, as we all do. One of them, one of my spiritual homes is midwifery. This is the land I come from. This is the land to which I will be called to return, over and over again.

References

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