C-SECTION CHRONICLES
This storybook is dedicated to Shalon Irving, YoLanda Mention, Kira Johnson and to the countless other mothers who we have lost to birthing complications. We thank and honor their villages including Wanda Irving, Marco Mention, Charles Johnson, and their children Soleil, Serenity, Charles V, and Langston.
Dear Decision Maker,

The over one million members of MomsRising are calling on state and local decision makers to take action to improve maternal health outcomes for pregnant mothers. The maternal mortality rate in the United States has increased in the past two decades to 14 deaths per 100,000 live births. That’s considerably higher than the rate in other wealthy countries such as Canada, and the United Kingdom.

Black mothers in the U.S. die at three to four times the rate of white mothers, one of the widest of all racial disparities in women’s health. That means black women are 243 percent more likely to die from pregnancy- or childbirth-related causes compared to white women. In some states the rate of black maternal morbidity is even more dire. In New York City, for example, black mothers are 12 times more likely to die than white mothers, according to the most recent data.

The number of babies delivered through medically unnecessary cesarean section in the U.S. along with rampant racial bias that leads to subpar care has contributed to this issue and is cause for alarm.

While c-sections can be a life-saving procedure to be used when complications arise during the birthing process, research shows the invasive surgery is being dangerously overused.

According to the World Health Organization only 10-15% of all births medically require a cesarean section, while over 20% of cesarean sections are conducted on otherwise healthy pregnant women with no identified risks. In California, for example, the c-section rate for low-risk deliveries ranges from 12 to 70 percent, depending on your county and hospital.

Additionally recovery following a c-section compared to a natural birth is far more complex and post delivery complications can increase the chance of death by at least 60 percent and, at times, up to 700 percent.

If we don’t take action over use of medically unnecessary-cesarean sections will continue, putting women and children at unnecessary risk.

Sincerely,

Beatriz Beckford
Campaign Director, MomsRising.org

Patrisse Cullors
Maternal Health Senior Fellow, MomsRising.org
Our bodies swollen with life, filled with our hopes, desires, vulnerabilities, love, and care. We spend 10 months holding a human being in our bodies. We wait for that moment where we meet our child’s eyes. Some of us have an entire team with us while we deliver our babies, some of us do it alone. It is supposed to be a magical day, a miracle on earth, but often in the United States pregnant women are given c sections at the higher rates then pregnant women outside of the United States. Our medical system has been at war with our bodies for a very long time. The c section chronicles is a storytelling project that allows for our stories to be told in our words and from our hearts. It’s a moment that allows us to share what happened to us and how we coped or how we lost our lives.

This book is confronting the realities of c sections, sometimes they were a last resort to save our babies and often times they were given to us as our only option. We now know that c sections can lead to maternal mortality or morbidity, we know the surgery itself can cause pneumonia or blood clots. We know how difficult it can be to connect with our babies after a c section. How much our bodies become a place of trauma. I am writing this as a love note to all women who have had to go through the life changing experience of having a child by c section. It’s a deep acknowledgement of my love and commitment to your health and wellness. This is to every person who were unable to bond with their child and family because their bodies and spirits were neglected by a medical industry that is unable to fully embrace pregnancy, labor and birth as a sacred and magical moment that can’t be constrained by time and human error.

These are stories from both cis women and trans people who have given birth to their babies, not ‘vaginally’ or ‘naturally’ but through a major surgery called a c sections. Each of us come from different walks of life, but we all share a similar experience in that at some point during our pregnancy, labor and delivery we were told we had to have a c section. We were all given different reasons for this course of action. Some of us understood that it would save our lives or our baby’s life, but some of us felt tricked and betrayed by our doctor or nurse. What we needed was care and love and trust but we were given scorn and humiliation.

These stories are an attempt to give a face to the people whose bodies were traumatized while bringing a child into the world. My prayer is that we will eventually live in a country that centers health and wellness over profit and convenience. May this booklet be a part of a long history of advocacy where women’s bodies are seen as autonomous and strong vs owned by the state or medical professionals.

Patrisse Cullors
Maternal Health Senior Fellow
MomsRising.org
STORIES FROM MOMSRISING MEMBERS

ALABAMA
Sherri - Albertville, AL

I miscarried my 1st pregnancy at six weeks. During my 2nd pregnancy, I delivered at 24 weeks. My 3rd pregnancy was high-risk. I had gestational diabetes, and I delivered at 36 1/2 weeks. After being in labor for 24 hours, I had to have an unplanned C-section. Because of the baby’s head position, she wouldn’t progress through the birth canal. She also had jaundice because of being born early. With my 4th pregnancy, I also was high-risk & had gestational diabetes.

My water broke at 33 1/2 weeks, & I had to have a c-section. The baby had to stay in the NICU for nine days & also had jaundice. Having health insurance was a must for me to be able to deliver my daughters & for them to come out healthy. During my twin pregnancy in 2012, I developed preeclampsia and had to be hospitalized. I also experienced a significant postpartum hemorrhage following delivery of my twins via c-section.

ARIZONA
Robin - Chandler, AZ

My son was breech despite my midwives efforts and aversion therapy. My ob/gyn agreed to deliver naturally (he was trained in this, a lost art) but when I went into labor on my due date, he was out of town not expecting me to delivery on the exact date I was due.

I got to the hospital two hours after my contractions had started and was already to the point when I couldn’t talk, they did not believe me. I was taken to a room where my midwife met me. I had told term I felt I needed to push but they told me I couldn’t be that far along, so when she got there I told her and she checked me (NO ONE HAD YET DESPITE MY STATEMENT) she notified them I was fully dilated and at +2 so they had me stand up and my water was released onto the floor. They didn’t ask me, they just took me for an emergency c-section, which I did not want.

My ob told me later that he was so angry that the ob on duty was so quick to do the c section, that I WAS TEXTBOOK BREECH DELIVERY AND IN NO DANGER! I had progressed so quickly that any ob, with two fingers on my son’s chin could’ve delivered him safely. The combined recovery of c-section and FULL DILATION (they had to pull my son back up from the birth canal) was more horrendous than the contractions. To this day I am still a little angry, feel as though my body was unnecessarily violated, and my son and I robbed of that experience unnecessarily because of ignorance and lack of training.

Susan - Scottsdale, AZ

My doctor told me I should get a c-section because my baby was going to be over 10 pounds, she was only 8 lbs. 4 oz. I was 34 years old at the time, the recovery was not easy. I also had great insurance at the time. I wonder if my insurance had not been so great if he would have recommended a natural delivery.

Sharon - Phoenix, AZ

Thanks to attentive, expert care, both my twins and I are alive and well today in spite of these complications. We need to make the health of women and children a priority in this country. Every mother who develops complications deserves a happy outcome like ours.

CALIFORNIA
Hillary - Pasadena, CA

I had an emergency c-section because doctor was concerned about one of my twins’ health. It was an odd experience and after the surgery as they were stitching me up, I started shaking and thought I might be dying. The experience of having premature babies was traumatic and the c-section was part of that trauma.

Jennifer - Rohnert Park, CA

The birth of my first child was not easy. After 30+ hours of labor including 4 hours of hard labor, my daughter was born healthy. Face-up and with a hand in the way, the OBGYN had
to reach in to move the hand. I suffered tearing and substantial blood loss. So much so, the resident quietly asked the OB/GYN: “if we were in a third world country would she have survived?” The answer was no.

If the OB/GYN had not been able to dislodge my daughter’s hand, we would have been rushed to an operating room for an emergency C-Section. The trauma my body experience from childbirth was not easily fixed. My OB/GYN, treated and checked on my recovery process for 6-months post delivery. The scarring from the first birth was further treated immediately after birthing my second child. Who only took 4 hours of labor with no complications.

**Caryn - Berkeley, CA**

Both of my children (now 16 and 12) ended up having to be delivered via emergency C-section. Had I not had health insurance, I have no idea how I would have been able to afford the cost of those surgeries (and if I hadn’t had those surgeries, it’s likely that either me, and/or the babies would not have survived...) But thankfully (due to the quality health care that I feel fortunate to have had), me and my two children are all perfectly fine & healthy today.

**Marni - Vallejo, CA**

I got great care from Kaiser, with a wonderful nurse practitioner. I had a “high risk” pregnancy due to my age. I was 42 when I got pregnant. It was a healthy time for me with no complications. However, my NP advised me about the doctors that would show up and want me to have a cesarean section.

After fourteen hours of labor (which is totally normal for a first birth) the aforementioned doc shows up and says that I should have one. I said no and went on to have a normal birth with no epidural or other invasive help. They gave me some pitocin and other relaxing drug to help my dilate. Neither of which would have been necessary had the doctor been willing to let the normal course of events to unfold. I’ve had countless friends in the same situation.

Doctors do not seem to let the mom have a natural birth experience without wanting to rush the birth process. They push pitocin and other measures instead of accepting the natural process that a woman’s body can handle. My son was 9 lbs. He was born healthy and is now 8 years old. I can’t help but think that most Doctors are more concerned with liability or their own schedule than what a natural uncomplicated birth amounts to. In our most vulnerable state, too many of them are pressured into having an unnecessary C-section. Which adds to complications and the possibility of infections or worse. The nurse and midwives @ Kaiser were amazing. It was the white male “MD” who was way out of sync with what was actually happening and wanted to rush the process.

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**Donna - Davis CA**

I worked in L&D/Nursery/C-sect. The standard tx for laboring mom’s was the OB ordering a TKO IV “for fluids and ‘just in case’, Then a little later the order was given to put oxytocin into the IV bag and begin to monitor contractions more intensely. The contractions would become more frequent and stronger – exhausting the uterus and lowering recovery time for perfusion and oxygen reload – lowering O2 for baby, increasing alarms – leading to a call for immediate C-section. All of this was done to increase OB fees and hospital fees. Sometimes just because the OB wanted to go home.

**Julie - Vallejo, CA**

My daughter was pressured at Kaiser to get a caesarean section after pitocin drip did not speed up her delivery fast enough and her cervix swelled from the impact of her daughter’s head hitting against her cervix repeatedly when it was not wide enough to permit birth. This resulted in excessive stress for my daughter and the baby, both and my daughter got a severe abdominal infection following the caesarean birth.

Kaiser had the delivery rooms “stacked up” with women in labor and was running an assembly line birthing strategy in order to perform more births per hour-obviously for more profit, and at the health and safety of the mothers and their babies. Disgusting misuse of the medical vow to “do no harm”!

**Lizzette - Garden Grove, CA**

I was twenty years old when i gave birth to my son. Young and strong. Still, it took me three days to deliver my son. I kept being sent back home and told not to eat anything heavy in case I needed a C section. I was admitted on the third day of non stop contractions. I was tired and weak. The nurse making rounds came and checked me. She said, “You are ready to push. The baby is ready to come”. She looked at my husband and asked if we had taken any birthing classes, “Good you know what to do than. We have ten women in labor and only one doctor. Start pushing we will be back.”

She left us and I pushed with every contraction, but something was wrong. My husband explained, “the baby is not positioned correctly, I need to get a doctor. Hold on, don’t push.” He started calling for a doctor as I called out in pain. He was yelling, “My wife and baby are in trouble! I need a doctor now!” I felt faint and heard voices giving me instructions, but they were so far off. I fainted. My son had been slightly slanted. Causing his shoulder to come out first and making it impossible for me to push him out. Something that could have been solved easily. I tore horribly. Needed to be hospitalized for three days. My son’s head was disfigured by the forceps that pulled him out. Our happiest day was our scariest.
The same day I found out I was pregnant, my husband found out the startup biotech company he worked for - our source for health insurance - was shutting down. I was terrified. Ironically, I was enrolled in a doctoral program on women’s & reproductive health, and had taken many maternal & child health courses – so I knew exactly how important prenatal care is. Luckily, I was eventually able to gain insurance through my school, which though inadequate and expensive, at least covered my prenatal visits. We were even luckier when my husband found a job a few months later and we regained good health insurance through his employer – especially since my son had a complicated birth and required an emergency c-section.

However, I was not warned that the circumstances of his birth greatly increased my risk of infection, which I did in fact suffer only a couple of weeks later, thus painfully lengthening my recovery time. Between shaky health care coverage and inadequate post-surgery follow up, my own story illustrates some of the potential risks for American women that could so easily be prevented if our political and health care systems actually cared about women’s lives.

We are treated like second class citizens, which leads to us literally dying at maternal mortality rates that are absolutely shameful for any industrialized country. Women are ANGRY and we will not stand for this any more! Politicians and the health care system need to ACT NOW. Our eyes are open.

My first pregnancy was very uneventful until I contracted chicken pox in my eighth month. My doctor told me not to worry since it was so late in my pregnancy, but it meant that I didn’t see him until a week before my due date because I couldn’t risk infecting other patients. Then I discovered that my baby was in a breech position, and I couldn’t find a doctor in the practice who would take the risk of a natural delivery. So within 48 hours, my husband and I were at the hospital where I was already having contractions, and I had a c-section delivery. Fortunately, I was awake for the procedure and had no complications. That was the easy part.

I had two subsequent pregnancies, and that’s when I experienced pressure to repeat the surgery, especially when I told my obstetrician that I planned on having a natural vaginal delivery without pain medication and that I also planned on having a labor assistant or doula. What made it all possible was doing research, having a birth plan (and an extra copy when I arrived at the hospital), and most of all, hiring a doula, who advocated for me.

My first natural labor took 15 hours, and it baffled both the nurse and the doctor that it was “going so slowly.” Fortunately, my doula reassured me that this was because labor nurses and obstetricians so rarely saw a natural birth. My plan rejected continuous fetal monitoring in favor of regular checks, and that also made them nervous. But with my doula present to help me negotiate, all went well, and the labor nurse even described me as “stoic” although I felt proud for delivering a healthy baby. At my first postpartum visit, my doctor clearly expected me to regret my decision not to elect a repeat c-section and was shocked when I told him I far preferred vaginal delivery, especially because the recovery was so much easier – no restrictions on driving, no worries about complications from a major surgery, no need for a longer stay in the hospital.

I am glad I had my babies in the 1990s because now I am reading that many hospitals won’t even allow VBACs (vaginal birth after cesarean). I also am deeply grateful to the doula and the doula/midwife for their experience, support, and guidance throughout the birth process.

I had to pay out of pocket for these women, and it upsets me that many women may not be able to afford such important care at a crucial moment in their lives and the lives of their babies. Thanks for allowing me to share my experience. For any woman who has to have a c-section, don’t feel guilty. But please be aware that it is NOT true that once a c-section, always a c-section, You have choices!

I had my first baby at 25. I experienced preterm premature rupture of membranes (pprom) and was told to go to the hospital immediately since I was at 36 weeks gestation. Upon arrival without even receiving my informed consent the nurse who as admitting us placed an IV and started pitocin since my body wasn’t going into labor. I was never given the option to decline this augmentation, only told that it was so normal, your OB has a standing order in place. Before this pregnan-
cy I was actively chasing a career in nursing and had even been admitted to graduate nursing school, so I had a deep trust for health care providers and their work. I didn’t realize then that I should have questioned my care more, but part of pursuing a career in healthcare involves this kind of grooming to believe and trust the hierarchy unconditionally, never question their treatment decisions, and overall dismiss our intuition as patients because physicians have spent years in academia to know our own body better than us.

Back to my birth... pitocin was started and after several hours of continuous monitoring my nurse came in again to say that my body just wasn’t working and she was going to call my OB to see what the next step was I was never asked how I felt, what I wanted for my care, and again trusted that she must be acting in my own best interest on some level. Right? My OB arrives and right away notes that my water has been broken for several hours now (at this point approaching 6 hrs ruptured) and my body just inset going into labor even with pitocin. She says because our baby is 4 weeks early, it really isn’t safe for me to go beyond 12 hours with ruptured membranes and that if my body hasn’t started labor with pitocin after several hours I really need to have a cesarean.

I’ll never forget feeling so backed into a corner, it felt like things had someone escalated without me even realizing it, and I didn’t want a cesarean. I didn’t. But with my OB and the nurse standing over me at my bedside it was as if I couldn’t find the words to speak up, and as the conversation over my birth continued I was made to feel even more that I should not question their care plan. My water was broken, I could risk infection and my premature baby could get sick or worse. It all felt so life or death, they made my husband and I ultimately believe that we were making the best decision and protecting our baby by agreeing to a cesarean after only 6 hours or ruptured membranes.

Meanwhile, our baby was happy and perfectly healthy per the monitors. My blood pressure was perfect, and really there were no medical reason for us to change our path to a cesarean or augment my labor further. If only I knew then what I know now. My nurse during this conversation had already stopped pitocin, brought in surgical Clothing for my husband and put on a scrub cap. It was like she knew I’d agree before I did, like she’d done this before.

My first cesarean was horrible. It was sterile. I felt as though birth happened to me rather than me experiencing my birth as I’d hoped. I wanted to cry. Is this really what I’ve been waiting for? This is it? I remember telling my husband to please not let anyone hold the baby before me. I wasn’t allowed skin to skin in the OR even though our baby was completely healthy, they didn’t allow my husband and the baby to even stay by my side and the nurse weighed and measured him back in our labor and delivery room while was sewn together, alone, listening to nonsense conversation. I felt so disconnected. That birth and my introduction to our maternity care system forever changed the trajectory of my life. I didn’t re-apply to nursing school. I couldn’t. I was heartbroken, I felt coerced into a serious primary surgical birth, I felt lied to by the community I once wanted to join and held in high regard, and it felt impossible to speak these truths because anytime I did I was made to feel guilty because as our system preaches, at least I have a healthy baby.

For weeks I tried to reason how it happened, that my doctor must have meant well, she must have. Then at my 6 week appointment she came in and said see that wasn’t so bad, and when you come back for you next one we’ll just schedule a csection. I felt angry tears well and a lump in my throat but still I remained quiet. I felt dirty for somehow allowing myself to end up here, with a primary cesarean. I later learned she has one of the highest cesarean rates of local OBs.

I’ve spent the better part of the last 5 years learning to navigate the emotional fallout of my first birth, to find peace and acceptance in the things I cannot change and educating myself on the things I can so I will not be made to ever feel that way again. I know without a doubt today I did not receive proper or evidence based care. I honestly believe that my white nurse and our OB may have treated me and husband differently if we were not Mexican.

My birth may not have been outwardly traumatic, but what I’ve since learned is that birth is a monumental moment. Having that moment stolen/hijacked by people who don’t deserve the privilege, being coerced into an unnecessary cesarean and made to believe my body couldn’t labor is traumatic.

I am an educated Hispanic woman, a first generation college graduate, and somehow I still fell victim to the coercion that runs rampant in our system. I thought I was prepared for birth, but I wasn’t prepared for what happened to me. Not even a little bit. As a birth doula, I see it routinely, but especially with families and birthing people of color. This kind of bad medicine, no informed consent or consent at all, coercion and worse happen to birthing families routinely. Our medical system says it’s the best we can do, but I refuse to accept that.

Christine - Los Angeles CA

I dreamed of a home birth. I had the tub, the midwife, the doula, the supportive wife, the close friend, and a whole community of loved ones cheering us on from afar. I was in labor at home for 60 hours, pushing for 8 hours. It was clear early on that I was in back labor. We tried dancing, rebozo, massage, and even a poor, sleep-deprived and desperate decision to have intrusive “chiropractic” interventions that felt more like sexual assault than medical care.

After those 60 hours of labor, 8 hours of pushing, and a chiropractor who dislocated my pubic body through my vaginal
My obstetrician agreed to a natural birth plan, however once in labor I was bullied about complications, and required to sign consent forms for a C-section after unwanted medications had been administered. My doctor broke my water without my consent at 5 centimeters dilation, which caused complications.

- Terri, Illinois

I don’t remember feeling any joy when they placed my sweet son on my chest, only relief that he was ok and that labor was finally over. I don’t remember feeling much of anything in the days and weeks that followed. I remember going to my son’s first pediatric visit and thinking, “I should stand while they examine him. A normal mom would stand.” In all of those days and months, I was trying my best to imitate a normal mom, so no one would no how utterly broken down – physically, emotionally, and spiritually – I was. Friends would congratulate me, and in my mind I felt genuine confusion, thinking “I didn’t actually do it. The doctor did” – as if they were congratulating me on the birthing process rather than on creating this incredible human. It took months of therapy, acupuncture, healing, and the love and patience of my loved ones for me to feel human again.

My son is 4 now, and I find myself still unraveling the trauma and pain of the experience. I still feel the shame of my c-section, and I still don’t know if there were better options for me. I do know that I always imagined I would say the day of his birth would be the happiest of my life, and I so badly wish that were actually true. (Thank you so much for asking and for creating this space. I find even the act of sharing the story creates needed healing.)

Alex Alvarez - North Hollywood, CA

My c-section was not something I wanted to do or even planned with my birth. I had a c-section for the safety of the baby and myself. My pregnancy story began in early February when I learned I was pregnant. Soon after my printer and I saved the money to hire a midwife. Because I am a trans man I did not want to deal with the hospital system during my birth because my name and gender are not legally changed. I had initially a water birth with my midwife and partner at my mother in laws house.

At about 36 weeks I was tired of being pregnant and tried to self induce with Castor oil. The next morning I realized the baby was not moving in the same ways as the days before. My midwife suggested I go to the doctor to make sure the baby was ok. That is when I learned that my amniotic fluid was far below the normal range to do a home birth and I was devastated. They told me that I would have to stay at the hospital and they would need to induce me. My partner and I made the decision for my safety to stay at the hospital. That was Tuesday September 26, 2017. At 9 pm that night they inserted a medication that would loosen my cervix before they could fully induce me. 12 hrs later I had not dilated, so we decided to go with the stronger medication. Another 12 hours later and my cervix was at 3 cm. At this point the contractions were unbearable and I decided to get an epidural.

There was talk between my partner and I about a c section but it was a last resort because of the healing that follows. I received the epidural and the pitocin to begin the induction. The labor took a toll on my body and the babies heart. After 4 hours of active labor, 2 seizures later and countless fetal heart tests, the doctors made the call that I would be going into emergency c-section. I did not feel as if I was pressured but it was something that was talked about a lot. And it ultimately is what saved my babies life.

My baby was born with a congenital heart defect that was put under a lot of stress during birth. I also had a placenta abruption and the baby was without oxygen for a long time and was taken out Thursday September 28, 2017 at 6:02 am non responsive. Through the set test they ran to see how the abruption affected the babies body they can access the congenital heart defect. This all took a toll on both my partner and I. The c section it self was scary and tiring. After it was all done the fight for the babies life continued. I never got the rest my body deserved. But my baby Agua Angel is alive and I am thankful that it happened. My birth took place at Kaiser Permanente of Panorama.

Jennifer - Redondo Beach, CA

This was in 1984, in California. My daughter and I are fine. Though I had been going to my OB since the beginning of the
pregnancy, I found out in the labor room that she had NO PATIENCE for overweight women. My water broke as the first sign of labor, at about 3am, 2 weeks before the revised due date.

We got to the hospital and after making no progress for several hours, I was put on a pitocin drip, with ever increasing dosages. About 4pm, the baby was in distress. I later learned that heavy doses of pitocin causes fetal heart rate to jump, which is exactly what happened. The reason I was put on the “pit drip”? She didn’t want to do a c section on a fat woman. It turns out, I needed an emergency c section, because SHE insisted on a heavy “pit drip”.

My bad treatment, unfortunately, didn’t stop there. I was prevented from seeing my daughter for almost 24 hours after the delivery. The reason given? I had to wait for the doctor to take out my catheter. It was bullshit then and bullshit now!!!! Also, in my chart, was noted that I had intended on breastfeeding, but was not given an opportunity until 3 days after the birth. My milk never came in. Instead of being a good day, it turned into a bad day.

**Pina - Rancho Mirage, CA**

At forty years old, I was considered a high risk pregnancy and given sonograms at every prepartum visit to my obstetrician. Still. She didn’t see the intrauterine fibroid cysts that had developed, and were occluding the vaginal opening. After 30 + hours of labor and with my son’s heart rate decreasing, a Caesarean section was performed. I’m beyond grateful to have had a healthy baby, however, this was an absolute nightmare experience that could have been avoided had my otherwise wonderful doctor been better prepared. Twenty five years later, I continue to have lower abdominal issues.

**Swan - Chowchilla, CA**

I have babies: the first was vaginal (as I wanted ) the others were Cesarean. The second was stubborn and wouldn’t turn (no real choice*). The third I requested Vbac (this hospital is supposedly renowned for this procedure). Four weeks before I’m “due” they try redirecting my choice and basically push for the c-section. Citing all the information we went over 6 months ago: risk, etc. that they said weren’t even a factor in my case!

Deep down I believe they’re either lazy or unreasonably scared to try* My scars aren’t too bad but it’s still a bit numb near it 2yrs later. Also my Cesarean babies have LOTS of birthmarks and scars! My vaginal baby has none. The doctors DID pressure me to tie my tubes – I refused several times.

Another semi-common practice is a tummy tuck after (the doctors aren’t necessarily plastic surgeons but they do a “small” one when they stitch you up). I’m not so lucky to have had this. A theory of mine, also, is that ignorance of western women: thinking their vaginas are going to be destroyed by childbirth and getting to “choose the birthday”. Personally I’d rather vaginal: I got ripped front to back but I was back to life faster and my weight and body recovered well. Thanks for caring.

**Kathleen - Oakland, CA**

Emergency c-section after induced labor pursuant to broken water of which I was unaware. Failure by medical professionals, especially my “fertility specialist” doctor, to identify that THE BABY’S HEAD WAS TOO LARGE TO PASS THROUGH THE CERVIX. I did not need to go through any labor, and the baby was NORMAL, his head size was genetic, both his father and I have large heads!

I was hospitalized at 6 months for two weeks due to an occult abruption of the placenta, during which I was placed on Terbutaline for contractions. My heart rate was ridiculously high for three months, as was my baby’s. These actions taken by the medical community were absolutely unacceptable, and seriously brutal. I very nearly died attempting to have this baby and was not able to have another due to my husband’s fear of what would happen to me! African-Native American family.

**Carol - Brentwood, CA**

When my daughter got her cesarean section the doctor cut into her muscle in her stomach And she has had problems ever since. She has to go for shots in her stomach.

**Hillary - Pasadena, CA**

I had an emergency c-section because the doctor was concerned about one of my twins’ health. It was an odd expe-
I did not have access to a local, prenatal OB/GYN at Kaiser-Oakland (CA), so was under this care by a nurse practitioner. Did take prenatal birthing classes offered. Had three distinct episodes of pre-eclampsia symptoms but was discouraged from seeing a doctor for them by the Kaiser nurses. When the childbirth labor began, I was admitted to a different hospital that Kaiser contracted with due to Kaiser’s new maternity ward not being completed. I had at least 3 different doctors, successively, while at the contracted hospital (Alta Bates, Berkeley). The two (?) I had during most of the labor tried to rush me through it by telling me to “push” even though I was not dilated (at 2-3 / 10).

I had gone into labor with very heavy contractions the night before, 10 mins apart, but was not dilated at all. I was given medication to stop contracting in order for my cervix to “catch up” at about 6-7 hours, and medication for pain (I was having back-labor) after 13+ hours. I had to inform the doctor of my status as the nurse was only there for moral support and to assess my pain. Finally, at 22 hours in labor, in the hospital, they were ready to give me an emergency C-Section. The delivery doctor asked if he could suction one more time prior to that procedure – which made it 5 times, which was one time too many for the legal standard for this procedure. However, it worked and my son was born shortly after this.

My son was not breathing at first but he was quickly brought up to doing so and the 2nd APGAR showed the highest scores. I’d fallen asleep as soon as they gave him back to me, for 45 mins, and could not be awoken due to all the narcotics I was on. My “birth plan,” as I and the other mothers in my birth classes were strongly encouraged to write, was given to the hospital security officer, who shared it with a family member that Kaiser contracted with due to Kaiser’s new maternity ward not being completed. I had at least 3 different doctors, successively, while at the contracted hospital (Alta Bates, Berkeley). The two (?) I had during most of the labor tried to rush me through it by telling me to “push” even though I was not dilated (at 2-3 / 10).

I have very little time for anything else and have not been able to work for several years. As a result, we are financially strapped.

This kind of shitty, negligent and at times mean-spirited treatment took its toll on my belief in myself and ability to effectively advocate for myself and my son. However, I have since left Kaiser and have good doctors for both of us now. But the damage - emotionally and possibly otherwise - has left lots of scars and shattered my family. 13 years later, I am still picking up the pieces.

**Linda - Oakland, CA**

**Jennifer - Burbank, CA**

I nearly died almost 11 years ago when my second son was born. I developed preeclampsia which was undiagnosed until it progressed to eclampsia. My son was delivered via emergency C-section at 32 weeks gestation. I was in the ICU for 6 days after his birth and developed HELLP syndrome, sepsis, and acute respiratory distress syndrome (ARDS) in that time.

My son struggles with high functioning autism, a condition that I discovered is often linked to extremely long, posterior deliveries. My ob-gyn refused to perform a C-section, even though my baby’s heart rate was low and he was under stress during my 36 hour labor.

When my third child was born, the nurse refused to call the doctor, even though I was 9 cm dilated. She wouldn’t let me use the bathroom, because she said I might have the baby in the toilet, but she refused to call the doctor. As a result, I stood up, my water broke, my daughter crowned, and she was born before the gurney got me to the delivery room. I tore badly, almost bled to death, and my daughter almost became a blue baby.

**Lori - San Pedro, CA**

My daughter has had 4 C-sections but the very first one when she was trying to deliver my 1st grandson, did not go so well. She was very swollen from some condition (Toxemia and pre-eclampsia) she developed during pregnancy but, when she delivered (3 months premature) she could not get stitches or staples after they opened her up because it would just tear right through her skin!

She was sent home with an open wound that had to be cleaned daily with antiseptic and then bandaged. We had a nursing program come to my house to do this and then was told that they would only do a few visits to teach us how to do it and then nothing! My daughter was in so much pain and I couldn’t do the cleanings in fear of making things worse! I finally fought and demanded that a nurse come back and do

**COLORADO**

**Sheila - Aurora CO**

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the cleanings until I felt comfortable. My daughter now has 3 healthy teenage boys (the first grandson didn’t make it) and is doing well despite losing her first son. I am amazed that she had the 3 after that ordeal but she did! I believe more should have been done in the beginning of her pregnancy to see that she was in trouble (high risk) long before her son died and she almost died.

Janet - Cortez, CO

My first pregnancy occurred when I was 29 years old. I was told that I was never going to be able to have kids because I have two uteri and two cervixes. Within three months of becoming pregnant I had to go to bed rest due to a low amniotic fluid level and my daughter had a condition where most of the blood was diverted to her brain as a result of the low amniotic fluid level. So her body was smaller gestationally. I had a pre-existing condition of high blood pressure.

I acquired gestational diabetes. So I had to take pills to even out my blood sugar, monitor my blood sugar and cut out carbohydrates and sugars. I also had to go to the doctor 2 to 3 times a week to do non-stress tests. I also had to take steroids to develop my daughter’s lungs in case I delivered early. I ended up carrying her to term.

I tried to deliver her naturally, but after giving me all the pitocin they could I never dilated. Her heart rate was also decelerating so they decided to do an emergency c-section. They did the c-section and after they cut the umbilical cord my daughter went limp and stopped breathing. They did CPR on her for ten minutes before she came back. Her weight was 4 lbs and 12 1/2 ounces full term. She was put into an oxygen tent and I was moved to the ICU because of my high blood pressure.

FLORIDA

Laura - Daytona Beach, FL

I went in the hospital a healthy 31 yr old women. It was 6am on Tuesday, they said I needed to walk the halls because I wasn’t dilating. I begged for an epidural which they gave me but after 24 hours still had not dilated. So the second day they gave me pitocin. Which causes severe cramping and pain it was agonizing like every 2 min someone was hitting me with a sledgehammer. More epidurals 2 more in fact because I was in a lot of pain. So 48 hours goes by 1, am still laying there suffering terribly I started throwing up and I couldn’t breathe. My sinuses were completely blocked – I developed a bad cold or flu. I was starting to panic because I couldn’t breathe through my mouth or nose. My throat was dry and my tongue had swelled up from being in the hehe mode of breathing too long.

So they saw the babies heart rate dipping that is when they rushed me into have a cesarean. So as she was being deliv-

“ I had a healthy pregnancy with my first born, but was pushed into having a c-section at 41 weeks because the docs thought there was a small chance that maybe my baby’s head was too big for her body. So we ended up with a c-section that I may or may not have needed. ”

– Ruth, Maryland

Adriana - Fort Lauderdale, FL

During my c section my baby was breached on May 13, 2016. I was in for 12 hours trying to wait for my baby to come down. He didn’t come down. Three nurses had to stick their hands inside me to feel him and it was excruciating pain and blood everywhere that they could not find him that finally a third nurse did. I could not believe how they treated my body without gentle care. They didn’t care.

I hated my labor and i hated my stay. The nurses were horrible. I was drugged that i remember passing out from time to time for 12 hours. During my c section I had lost a lot of blood. And even after I delivered. I did not have the moment alone with my baby. My care for my c section was bad. The nurses only cleaned me 2 times. So I had scabs from the blood all over my skin on my behind and in between my legs. She forced me to clean myself alone and I cried because I could not do it alone. The nurses are not trained and definitely not supervised. Even the head nurse was so rough on me shaving me and moving me. I wanted to just cry and leave.

Ellie - Miami Beach, FL

I had planned to have my baby in a birthing center to avoid a big hospital but I had some premature pain and they found three large fibroids. It is because of Medicaid that I was able to deliver in a hospital, where it turned out the baby was in trouble and we had an emergency c-section. The cord was wrapped around him. He would not have made it if it wasn’t for our medicaid coverage. Instead he had the best care and is a happy, healthy boy.
**Kyss - Bradenton, FL**

Early 2016, I became pregnant for the first time with my beautiful son. Pregnancy went without any issues besides nausea in the first few months. My due date was 10.18.16. No contractions, nothing. A few days later I decided to go to the ER, glad I did because I was diagnosed with preeclampsia. The baby was stubborn – did not want to drop even after protocol. After my epidural, the doctor decided I would need a c-section. After receiving my c-section everything was fine.

Fast forward to a week later. After taking my son to his first doctor appointment we came home. All day I suffered from a huge headache... one I never had before, felt as though someone was hitting me in the head with a hammer. After a while the headache seemed to subside. I sat on the bed and just fell over. My fiancé called the ambulance and I was taken to the local hospital and received a CT scan. I was told I have a tumor (it was actually a hemorrhagic stroke). I was airlifted to a larger hospital to accommodate my issues which lead to brain surgery, complete paralysis on my left side of my body. I stayed in the hospital for 2 weeks and inpatient rehab for 5 weeks, where I had to learn how to walk, feed and wash myself, pretty much everything. It's been a year and I am still recovering but thank God I am still here to see my baby grow up.

**GEORGIA**

**Venus - Atlanta, GA**

I had two c-sections. The first time (in Chicago), I had been in labor for 36 hours. Finally, the doctor decided to do a c-section but the anesthesia was a terrifying experience. I could feel the incisions and I was shivering uncontrollably, so severely, I was unable to hold my baby. Subsequently, the post-op pain meds had me hallucinating.

The second time (in Atlanta), I had planned for a v-back, but they encouraged me not to do that, especially after my membrane rupture before going into labor. Just before the c-section, the anesthesiologist hit a nerve in my back and it was the most painful experience of my life, for which I was unprepared, without warning. In fact, I was lied to by the nurse, who told me it would be easy, like a pinch.

My close friend, who delivered by c-section at the same hospital, was left temporarily paralyzed because the anesthesiologist also hit a nerve. I was furious. By the way, that first doctor told me not to have anymore children. She judged me as being too old (possibly the wrong race?). Thank God I didn’t listen. I now have two beautiful, healthy baby girls.

**Sara - Decatur, GA**

My pregnancy was relatively smooth and uneventful. I had severe heartburn but that was the worst of it. I had a great medical care throughout through a university medical hos-

**IDaho**

**Jeremy - Ketchum, ID**

Our first child arrived by c-section; our second (last) child was a vbac (but not in the hospital that helped deliver our first, vbacs are not accommodated at this Ketchum, Idaho hospital). The vbac took place at a birthing center in Boise. With our first child, my wife was a week past the baby's due date when she sought the help of a chiropractor. Not a patient woman to begin with, she then accepted the chiropractor's offer to “bring on the labor”.

Several hours later, in the early evening, her water broke. From that moment on, the receiving hospital started its countdown on how long my wife would be encouraged to deliver vaginally (with the help of pitocin, etc). The pitocin-enhanced “labor” was terrible for my wife. And, with little or no progress in dilation after 12 hours, the hospital then began strongly recommending c-section. After 14 hours and increasing pressure from the doctor, we chose this course.

In hindsight, my wife and I feel that the natural onset of labor would have been well worth the wait; chiropractor, no pitocin, etc. Yet, once my wife's water had broken, that hospital would give us only so much time. In the end, the c-section was emotionally very hard on my wife. Meanwhile, we both feel that she and our son suffered physically from lack of a vaginal birth; no microbes from the birth canal for our son.
When my water broke and when I was admitted to the hospital I was put on Pitocin to get the contractions rolling. I was as ready as I thought I could be for the whole vaginal birthing experience. Only after the bedside ultrasound did we learn that my daughter had never been in position and what the OB/GYN had thought was her butt had actually been her head (I was low risk, so they didn’t do a late term ultrasound). So, plans changed and I needed a c-section as she was too big to rotate.

My mom had 3 c-sections with me and my siblings, so I knew that it was a possibility. BUT I had eaten a big, juicy burger and fries just a few hours earlier (thinking it was going to be my last meal for a while) so I was told I had to wait for surgery. But remember that Pitocin? Yeah, by an hour later my contractions were ROARING through me and I was dilated at 9cm.

I was pissed that I was going through pain I didn’t have to go through since I wasn’t going to have a vaginal birth after all. They had to move the c-section up and just hope I didn’t vomit during the procedure. No vomit and a beautiful, healthy little lady was born to a healthy mama about 4 hours after I was admitted to the hospital. Worth it.

Idania - Chicago, IL

I got married and a few months later found out I was pregnant. I was excited, happy, I guess I can say I had a mix of emotions since I was about to become first time mom. My pregnancy went well with some swelling and discomfort in my back and legs the last 2 months. I remember calling my ob/gyn the night of 2/26, around 7:30 pm telling her about my symptoms with contractions every 3 mins with some spotting. She said I had to go to the emergency room to have me checked up since my due date was not till 3/8.

I went to the ER and my contractions and pain were getting worse and worse. I knew it was time, the nurse checked me but said that since I was only open 1cm I had to be send out home and to go back to the ER if I got worse. Me and my husband got so mad, I was in so much pain that all I remember was that I needed to speak with the doctor, there was only nurses, no doctor checked me, and since my husband complained, they decided to keep me there from the time I got there 8:30pm till midnight with contraction every 2-3 mins to see if I could open 2 more cms. I was frustrated, in pain, upset, mad on how this nurses neglected me all that time. Finally, at midnight they checked me again and I was finally open 2cms so they decided to transfer me to the floor where I asked to have the epidural injection. I was exhausted and I just couldn’t bear the pain anymore. Finally, got the epidural and felt some relieve. Around 2am I opened up 2 more cms, at 4am my water broke and I was 6 cms opened already and in my mind I was like, soon I will be pushing and my baby will be here... it was about 6am when I noticed too much commotion, nurses going back and forth, when all of a sudden the nurse in charge tells me that she had called my doctor and that they were going to get me ready to bring me to the OR to have a c section since the baby’s heartbeat had decreased.

My mind went blank for a minute, I didn’t know what to say... my doctor finally walked in, looks at the baby monitor screen and says, “we have to go now.” They gave me some papers to sign and I just prayed for everything to be okay. We got in the OR, there was monitors everywhere, comotion, doctors, nurses, and I was just scared. The doctors started to have some conversation while I was being cut open to bring my baby to the world, I heard his crying but I couldn’t even hold him till my husband put him near me for a kiss but he was already cleaned with a diaper on with his little blanket. Later on, I saw myself in the recovery room with my baby on the side in his little bed.

I wanted to hold him and I asked my husband to put him in my arms. After that, I was transferred to my room, where I found myself unable to move due to the horrible swelling all over my body, my hands, face, legs, feet... just horrible. I needed help to move, I honestly can’t describe the horrible feeling I had. I stayed at the hospital 4 days, but my recovery took months and even though it’s been a year and a half I still struggle with pain, and discomfort from the incision. I love my baby to the moon and back, he is my life but I would not want to experience another pregnancy with all the side effects left in my life.

Linda - Chicago, IL

had c-sections in 1978 and 1980 due to being in labor in excess of 24 hours without dilation past 1 cm. In 1982 I was sent to a high risk clinic because I had read that I could still have a normal birth. I was pressured to have a 3rd c-section after a amniocentesis which I objected, I did not want my labor induced.

I felt I was being pressured as not to interrupt the Dr.'s schedule off days. After 24 hours of labor the Dr. on duty decided to break my water, I progressed from 1 to 10 cm, in a matter of seconds and had a normal delivery using natural childbirth.
I was pressured into my c-section, because the doctor's shift was ending. Seven days after I was in the ICU with internal bleeding, massive hematomas that had to be surgically removed.”  

– Syreeta, New Jersey

Patricia - Champaign, IL

I became pregnant with my first daughter in the Summer of 2012. The pregnancy was wonderful, a bit of morning sickness in the beginning, but I loved every minute of it. After having contractions sporadically throughout the day, around midnight in March 28th my contractions suddenly became consistent and strong at 2-5 minutes apart. We arrived at St. Joseph's Hospital in Chicago, Illinois around 1am. After checking to make sure I was truly in labor, I was placed in a labor and delivery room within an hour of arriving.

I asked for an epidural pretty quickly. Within minutes of the anesthesiologist administering the epidural, I heard a ringing in my ears, vomited, and passed out. They then save me adrenaline to bring me back. Then doctors were rushing in because they could not locate my daughter's heart rate. When they did, they realized she had only become more active because of the adrenaline and they believed she was fine. The anesthesiologist offered to come back in a half an hour and try to administer the epidural again. I, being terrified of what just happened, declined. Soon after a cold resident doctor barged in the room and demanded that she break my waters. I didn’t know what I was doing, so I said yes. I thought she had my best interest in mind. When breaking my waters didn’t speed things up to her liking, she demanded that I start with Pitocin. Once she left the room, I confided in my nurse that I didn’t want to do that. I wanted to wait.

When the doctor came back in, I told her I didn’t want to start with Pitocin just yet. She began to argue with me that I didn’t have a choice. Then my wonderful nurse, Annie, spoke up. In a serious voice she said, “She said no Pitocin. It is her right. Patient rights!” The doctor stormed out of the room. I labored that day until about 3 or 4pm. During that time, no one tried to coach me in any way to help things move along. They only came to check my cervix and leave. Annie did try to help calm me and get me to move around, but I was in a lot of pain. Once when the doctor came in while I was walking, she yelled at Annie for allowing me to walk after my water was broken. Around 3pm, I finally gave in and let them administer Pitocin. It only got me from 8 to 9 cm. Around 5 pm, a different doctor came in and said that since I had been in labor for so long, it was no longer safe for my daughter or me. An emergency c section was needed. After being in labor for so long, I was just happy to get it over with.

Once I had my daughter, she was placed in the NICU. The pediatrician had heard gurgling in her chest and wanted to give her antibiotics in case she had swallowed meconium. Of course, wanting to keep my daughter healthy, I was more than okay with that. I was then placed in a recovery room and fell asleep for 30 min-1hr while my husband and mom took turns watching over our beautiful baby and me. When I first met my daughter, I tried to breastfeed her. She had a lot of trouble latching on. None of the nurses in the NICU would help me. I asked for a lactation consultant and a woman came in and helped me for 10 minutes and then left. After awhile, I think I was finally successful on my own and she has fallen asleep.

Then I told the nurses, when she wakes up, please come and get me. I went back to my room and my husband and I fell asleep. About four hours later I was awakened by a phone call, “Your baby is hungry.” I had trouble nursing her again. She would only nurse on one side. This went on throughout our 4 day stay there. No one helped me. One nurse yelled, “You have to bring your breast to the baby! Not your baby to the breast!” And rushed out of the room. Also during this time I had at least 8 different nurses, administering I don’t know how many drugs. Bringing pills in the room at all hours of the night, waking us up and trying to teach me how to use a breast pump at 2am, and various other things instead of letting me and my family rest and recover.

Luckily, my daughter and I left healthy. Eventually, we figured out breastfeeding on our own. If I hadn’t had my second daughter at a different hospital, I wouldn’t have known anything was wrong with the delivery of my first. But it was very wrong, very scary, and very dangerous. Hospitals should not be scary and dangerous places- especially for mothers and newborn babies.

T - Deerfield, IL

I gave birth to twins via C-section after over 20 hours of labor with two of my OB-gynecologists in the Operating room. Immediately after the doctor pulled out Baby B, I was rushed to the ICU since my vitals were crashing. I remember shaking uncontrollably (probably due to hormone levels, shock). Less than two weeks later, I had to go to the Emergency Room due to bleeding. I had an emergency partial hysterectomy to save my life and lost almost half my blood. I needed 4 blood trans-
fusions. I was thankful that it was me who had to undergo surgery and not my newborn twins. It was a difficult time and long recovery. I am very thankful and fortunate that I had good health insurance and wonderful doctors and nurses who I credit with saving my life.

Terri - Macomb, IL
I was completing my Master's Degree while pregnant with my daughter, and because of access to care for low-income women had to drive an hour and a half each way for prenatal care, as not all local providers were willing to take patients receiving public assistance with healthcare, and there is a shortage of care providers in our area. My obstetrician agreed to a natural birth plan, however once in labor I was bullied about complications, and required to sign consent forms for a C-section after unwanted medications had been administered. My doctor broke my water without my consent at 5 centimeters dilation, which caused complications, and my daughter was born by C-section 12 minutes before the end of my doctor’s shift. The next day was her day off.

Cynthia - Bettendorf, IA
I had been in labor after 2 bags of pitocin and had tried every position and vacuum extraction to get my son out, he was stuck. I am a smaller woman. My doctor could touch both my hip bones and my tailbone on first exam and told me the baby would have to come down just right to fit through. I was exhausted and told the doctor I couldn't do any more. My cesarean was needed and I was fine and my baby was fine despite the large bruise on his head from the vacuum. I had no pain.

My recovery went fine, although very anemic. My only issue is that the insurance companies dictate how long a woman has to be in labor before they think C-section should be performed. Insurance companies have too much say in what will and won’t be paid for. Those decisions should be left to the doctor.

Tina - Overland Park, KS
I have twins. Being pregnant with twins is a high-risk pregnancy. I was lucky enough to have great insurance coverage and a great doctor, who monitored me throughout my pregnancy, but my pregnancy was still risky. Every week my doctor would check my twins’ heartbeats, and toward the end of my pregnancy, one of my twins had a low/risky heartbeat. I had an emergency c-section. I can’t and don’t want to imagine what might have happened if I had not been checked regularly, and if her low heartbeat wasn’t caught and acted upon. I was also able to take maternity leave and care for my twins, who were in the NICU and on monitors. Those who don’t have the same access to quality healthcare by default don’t have the same care.

“..my doctor broke my water without my consent at 5 centimeters dilation, which caused complications, and my daughter was born by C-section 12 minutes before the end of my doctor’s shift. The next day was her day off.”

- Terri, Macomb, IL

C-section is used way too much in this country. Other countries do far less C-sections. It is done to benefit the medical system and not to help the women and babies in many cases. Of course, poor women and women of color have this procedure inflicted on them more often than rich white women. That is why every woman should have a midwife or doula who can help her stand up for her right to a safe natural birth.

Katelynn - Louisville, KY
My first child was born by emergency C-section after 24 hours of fruitless labor. My cervix refused to dilate, my baby was getting stressed, and my blood pressure was getting very high. I was on Medicaid, and the night shift doctor was extremely rude and dismissive. She told me to go home and to come back once my cervix had dilated. Fortunately, shift change came and the far more experienced daytime doctor brought me back in to be admitted. If he hadn’t done that, I would have gone home, had a stroke, and both my baby and I could have died.

Even so, the stress from the long labor made my baby asphyxiate his meconium, and when he was delivered he stopped breathing. He had to be intubated and was taken to the NICU. Eight years later, I was pregnant with twins. One of the babies wasn’t getting enough nutrition because her cord wasn’t functioning properly. This time, I had excellent private insurance and received excellent care. I was admitted and kept in the hospital for a month on bed rest before my twins were finally delivered prematurely by another emergency C-section. They then spent nearly 2 months in the NICU before they could come home.

I am a part-owner of the business where I now work. That gave me the flexibility to take the necessary time to care for...
MomsRising.org

developed jaundice which required a return hospital admis- 
sion as my sister did not produce breast milk with this IVF hormone supports pregnancy. The labor nurse only came in 
to increase the pitocin and if I had not been there, may well 
have been a c/section for failure to progress/to descend as 
the epidural was necessary because my sister was on hands 
and knees sobbing from pain.

I would never had provided so little nursing care but I suspect 
nurse had another active labor patient, which I have had to 
work with myself in my last 12 years of L&D work! One to one 
in active labor is a must we need to strive for, and therefore, 
open up nursing school positions by paying instructors more 
and requiring less than a MAster’s to teach. I have a BSN and 
over 2 decades of experience but still was not allowed to 
teach Rn students. Yet, I was allowed or forced to teach on 
the job a PP Rn and an RN student labor and delivery at my 
last job at the SAME time!!

MAINE

Cheryl - Wells, ME

I am forever grateful for the expertise and medical know
how that allowed me to birth 3 beautiful human beings via 
C Section. My first C Section saved the life of my baby. I was 
3 weeks past due and failed to go into labor. After inducing 
labor failed to progress, my baby was in distress and a C Sec-
tion was performed. In my subsequent pregnancies I was giv-
en the opportunity to try for a natural delivery, with a backup 
planned C Section. Again, my body did not labor on its own.
While I have read of many women coerced into having a C 
Section, my experience, while difficult both emotionally and 
physically, was positive and supportive. My only criticism is 
targeted at the insurance industry.

My first child was born in the early 1980s and I was allowed 
to remain in the hospital for 7 days (we both had minor 
complications) to recover and be cared for. For my second 
and third deliveries (late 1980s and mid 90s,) I was forced 
to leave the hospital after only two nights of care. I believe 
this is insufficient time for some moms and babies to recover 
from major surgery.

LOUISIANA

Deni - Metairie, LA

My sister had her first and only child 7 years ago. She was 
induced for preeclampsia. As a former LDRP nurse for over 
2 decades, I went with her. There was no trige in the wait-
ing room--it was first come, first serve. I made my sister wait 
until a young woman clearly preterm, went first, as if preterm 
labor or a UTI, her and her fetus would be in great danger. 
My sister was induced at midnight and I stayed 36 hours, on 
oxgen myself and in a scooter, as I m a cancer survivor with 
massive complications, so I do not work. Got her thru labor, 
told her when an epidural was needed, as her doula did not 
bring it up, delivered vaginally, baby nursed well, magne-
sium sulfate on, urine and DTR OK. Unfortunately, my niece 
developed jaundice which required a return hospital admis-

MomsRising.org
MARYLAND
Ruth Martin - Silver Spring, MD

I had a healthy pregnancy with my first born, but was pushed into having a c-section at 41 weeks because the docs thought there was a small chance that maybe my baby’s head was too big for her body. I hadn’t dilated or effaced at all, and the cervidil they gave me to labor didn’t work. So we ended up w/ a c-section that I may or may not have needed.

My 2nd pregnancy was complicated from the start, and the delivery was impacted in part by my previous c-section. I developed placenta previa that turned into accreta and started bleeding at 37 weeks. To make a very long story short, I ended up having an emergency c-section and a hysterectomy and faced the possibility of bleeding out on the table.

My daughter was born not breathing because of the anesthesia. She had to be resuscitated in the OR. She spent a week in the NICU. Luckily we’re fine and she has no resulting complications from her rough entry. I am grateful that we had good insurance and medical care and importantly, paid time off from work to recover.

I am pissed that I was pushed to do a c-section I probably didn’t need and on top of that it increased the risk of placenta previa. I’m pissed that I can’t have any more biological children, though I’m grateful for the health of the ones I have. I am devastated and outraged that I’m lucky and that so many other women in this country face far more dire outcomes than I did.

Roselie Bright - Rockville, MD

I was lucky to be able to choose legal midwife care for both of my pregnancies and deliveries of healthy babies. For my first child, I labored 24 hours; under physician care I would have had a Caesarean section and additional recovery problems. For my second child, a skeletal problem that was in my system was not evident until delivery, due to estrogen rapidly leaving my body that happened during the birth. What I did notice is that I felt very shaky and afraid I would drop or lose my baby. One of the nurses told me it was normal right after delivery, due to the baby’s head was still not crowning the nurse midwife called the OB on duty (someone I had never met). I insisted to him I was not too tired and could keep pushing! He said he would give me a half an hour more as the baby’s heart rate was fine. After the half hour we could feel the baby’s head but just shy of crowning and the Dr. came in and said we needed to do a c-section. I was exhausted and didn’t fight it.

What I wish is that I had been prepared/told in detail what happens in that case. I went from a lamp lit homey birthing room into an OR with many people around me in surgical garb. Tears streamed down my face during the whole procedure even though I don’t remember feeling anything. Fortunately, as soon as I saw my beautiful daughter I felt better. What I did notice is that I felt very shaky and afraid I would drop her. One of the nurses told me it was normal right after delivery, due to estrogen rapidly leaving my body that I would have these shakes for an hour or so. I remember being pissed off that I had never heard a thing about that, not even in the birthing class, by my nurse midwife or anyone I knew who had had a baby.

My story does end well in that my overwhelming joy of becoming a mother was the most important thing! However it took me months to recover emotionally from the trauma of the birth, that was in part due to my lifelong complex PTSD, which I know many women have. I believe that better education that prepares you for what truly happens/can happen safer for me and my child, and cost much less, than the usual obstetrician care. A rational single payer health care system will encourage less expensive and safer care than the current fee-for-service health care system encourages.

Erica - Silver Spring, MD

I wrote about both my first and second births on my blog. The first was a very unplanned cesarean that left me feeling broken. My second was a VBAC that wouldn’t have been possible without the amazing care team I was able to surround myself with. Cesarean Birth: https://imtotallyfakingit.com/2016/04/29/my-first-birth-story/  VBAC Birth: https://imtotallyfakingit.com/2016/09/03/my-vbac-birth-story/

MASSACHUSETTS
Carla - Sudbury, MA

I was 38 when I gave birth to my now 15-year-old daughter. She was my first and only so I knew with my age it probably would be a long labor. It was 38 hrs in total. I had a nurse midwife but choose to give birth (was fortunate to have choices) in a hospital with home birthing rooms. I was in one of those rooms for many hours and was glad to get 1 and then a second epidural. When I had been pushing for four hours and the baby’s head was still not crowning the nurse midwife called the OB on duty (someone I had never met). I insisted to him I was not too tired and could keep pushing! He said he would give me a half an hour more as the baby’s heart rate was fine. After the half hour we could feel the baby’s head but just shy of crowning and the Dr. came in and said we needed to do a c-section. I was exhausted and didn’t fight it.

What I wish is that I had been prepared/told in detail what happens in that case. I went from a lamp lit homey birthing room into an OR with homey birthing room into an all white and steel very brightly lit room. My legs were strapped together and I couldn’t feel them. I am not exactly sure but there were now 10 people around me in surgical garb. Tears streamed down my face during the whole procedure even though I don’t remember feeling anything. Fortunately, as soon as I saw my beautiful daughter I felt better. What I did notice is that I felt very shaky and afraid I would drop her. One of the nurses told me it was normal right after delivery, due to estrogen rapidly leaving my body that I would have these shakes for an hour or so. I remember being pissed off that I had never heard a thing about that, not in the birthing class, by my nurse midwife or anyone I knew who had had a baby.

My story does end well in that my overwhelming joy of becoming a mother was the most important thing! However it took me months to recover emotionally from the trauma of the birth, that was in part due to my lifelong complex PTSD, which I know many women have. I believe that better education that prepares you for what truly happens/can happen...
during birth and what choices you may have is key! We need much more around all of it so women can feel empowered by their birth experience!!

**Cathie - Sterling, MA**

My story isn’t remarkable. I have three children from two pregnancies (one pregnancy resulted in twins). All three of my children were breach and required that I have a C-section. While I was pregnant with my twins, I was on leave starting at 32 weeks. Luckily, I was covered by leave and insurance. Once I recovered from my C-sections, I went back to work. Because I was covered, our family didn’t go into a financial death spiral. There was stability. My children are grown now. My husband and I have worked and are nearing retirement. The family is strong emotionally and financially because we were covered. I hope the same for all families.

**Jennifer - Lee, MA**

I had an emergency C-section, because the baby’s heart rate was falling. Without full insurance coverage, I could not have afforded this operation, which may have caused one or both of our deaths. Or, I could have plunged my struggling family into bankruptcy. Instead, insurance covered all our costs.

**Alexandra - Chesterfield, MA**

I had my first baby by C-section in 1977 because of medical incompetence. It took me 6 months to recover. I had my second baby by vaginal delivery with a midwife at Brigham and Women’s Hospital in 1979. It was an enormous fight with my doctors but I delivered a 10 lbs baby with no complications and was back to my farm routine in 3 days.

**Dana - North Reading, MA**

My spouse and I were lucky to live in a state that was one of the first to treat same-sex couples with respect and dignity. My employer-sponsored insurance covered her, even before same-sex couples could legally marry, and covered the IVF procedures that allowed her to become pregnant with my egg. She ended up having an emergency C-section, but our insurance allowed her to recover in the hospital for four days. Without insurance, we wouldn’t have been able to get pregnant, much less ensure that both she and our son were healthy and strong soon after his birth.

**Elizabeth - Newton, MA**

I developed fulminant eclampsia, HELLP syndrome and almost died in childbirth. If I had not already been in an excellent hospital, I would not have lived. I required two emergency surgeries, several blood transfusions, was on a ventilator machine for my lungs, attached to life-support machines for kidney and liver function, since these organs were also not working, and was in a coma for a couple of days. Because I had had the ventilator tube in my trachea, I couldn’t speak for some time and was winded for several days after I came out of the coma. I had tubes connecting me to machines, to keep my vital organs running, and extreme pain from horrendous edema.

The doctors had me on morphine to control the pain from the swelling and extreme bloating following two emergency surgeries – 1st the cesarean to rescue my baby’s life, and the 2nd to find and stop the internal bleeding that has caused so much blood loss. I was yellow from liver malfunction, and in unbelievable pain. They couldn’t control my blood pressure, and paradoxically, my veins were collapsing, so the IV had to go into my neck, which was also very painful and scary (when I woke up). My first night out of the ICU, I had a VERY bad reaction to the morphine and was hallucinating – it was like being trapped in a nightmare. Only the pain was real.

If it hadn’t been for my sweet baby, I would’ve just given up and died, because the pain was so unbearable. It took a very long time to get my physical strength back. One of the surgery site wounds got infected and was oozing pus on my first day home. It was incredibly painful, too. I had to go back to have the infection cleaned up and treated, take more (!) antibiotics. I also had to have a rule-out AIDS screening, because of all of the blood transfusions I had received. I was very weak for a very long time, and I had nightmares, and developed a teeth-grinding habit, that ruined my teeth. I still have ugly scars all over my abdomen from the 2nd surgery, and the ICU tubes, but I’m lucky to be alive.

We forget that childbirth is still very dangerous. Maternal mortality is on the rise, in the USA and elsewhere. I only survived, thanks to an excellent standard of medical care at a top teaching hospital. In Europe.

– Elizabeth, Newton, MA

“We forget that childbirth is still very dangerous. Maternal mortality is on the rise, in the USA and elsewhere. I only survived, thanks to an excellent standard of medical care at a top teaching hospital. In Europe.”
210/140 – I hadn’t realized because it inclined so suddenly and sharply, I literally could not think, or see clearly. That’s how quickly it happens, and why it’s so deadly I am happy to share my story, if it helps to educate other women and medical teams on the critical importance of life-saving, routine and regular pregnancy screening and check-ups.

By the way, I was not working at the time, because we were living abroad, and I didn’t “feel well” during the pregnancy. If I had had to return to a job after this ordeal, I would’ve been forced to take extended sick leave or quit, because it took a very long time to regain my strength and cope with everyday simple tasks again.

If I had had to cope with pressure from work, or return to work, I think there’s no way I could have managed that. It would have been impossible for me, being so traumatized, and physically weak and exhausted.

Also, as a very important warning to all expecting mothers: if you don’t feel well: get checked out and ASK your doctor for and about warning signs! Both my husband and I are well-educated, and read the usual prenatal books- however, neither of us realized, or took my “not feeling well” in the pregnancy seriously enough. In retrospect, this was most-likely the pre-eclampsia that was there and worsening all along, I didn’t know it, because it was my 1st pregnancy, but I definitely did not feel well the entire pregnancy, and this worsened as the preeclampsia become eclampsia. If I’d had a more supportive or attentive partner, maybe we would have caught it sooner.

Or, if I had been better informed of the warning signs of eclampsia, perhaps, although it happened so quickly in the end, and my rational thinking was so severely impacted, that I’m not sure I was capable of any critical thinking at that point. All I knew was that I felt lousy, and had trouble moving, and was extremely irritable. I remember that I (embarrassingly) had an argument with the taxi driver on my way into the hospital appointment, and when I got to the (German) Klinik, I couldn’t find my doctor’s office, because I couldn’t read any of the signs – my vision was so blurred, I couldn’t read anything, and my brain was so dysfunctional at this point, that I didn’t realize that was very BAD, and that something was wrong, other than feeling mad as heck.

I remember being annoyed at the check-in, when I did finally stagger into some check-in point, and I was annoyed that they made me wait while the check-in nurse wheeled the blood pressure gauge machine over to where I was sitting, rather than checking me in to my appointment. They brought an IV out to the waiting room first, too. This quick thinking and quick response by those Ob/gyn nurses is what probably saved my life.

If I hadn’t been in an “emergency” teaching hospital, or if they had been sticklers for the usual check in protocol, I’m not sure things would’ve gone my way. Why we all should remember that childbirth is still very dangerous, and it’s our responsibility to stay informed, and on top of warning signs, and get regular pregnancy check-ups! I hope this will help someone else.

**MICHIGAN**

Linda - Adrian, MI

I was born in 1966 only after I got stuck in the birth canal. My mom went into cardiac arrest and needed multiple blood transfusions. My baby picture looked horrific since they used forceps on me. This could have all been avoided if a csection had been utilized. The ob/gyn did not believe in them. I came home from the hospital before my mom did.

Teresa - Belleville, MI

When I was 41, 20 years ago, I lost my job and health insurance. I was 5 months along into a high risk pregnancy. My partner had left me so I had to apply for government assistance. I am blessed that Planned Parenthood was open in my community and I was able to receive excellent pre and postnatal care by their midwives! I ended up having a c-section at the hospital and am so grateful Medicaid covered the entire cost! I can’t imagine what I’d have done if those services and programs hadn’t been available! I am now an advocate for Medicare for all, and of course funding for Planned Parenthood!

Jennifer - Caledonia MI

I have had two cesarean sections and one natural birth. My first baby was a vaginal birth, but the labor was long and there was pressure to hurry things along with lots of interventions. My second child was born in an emergency c-section where I was put under general anesthesia, I was not given the chance to consent to the operation and I missed the birth of my child. I woke up with a very sore throat from the breathing tube, bruising and intense pain.

My birth experience was taken from me because they assessed that the heart rate was irregular. My 3rd child I asked for a vbac but again the labor was long and they threatened another emergency c-section where I would be unconscious if I didn’t go ahead and get the epidural and plan to have the surgery.

So after hours of work of labor they came in and said that I didn’t have much time left and the labor was too risky so I had to go to surgery now. I delivered 3 healthy baby boys but my experience was not one I have found happiness with. I was very traumatized after each birth, experienced postpartum depression and anxiety, and long recovery times where my doctors didn’t seem to acknowledge the pain I was having as something treatable with anything but strong pain medication which I did not like the effects of.
“My c-section was necessary, and my baby survived, but the experience was harrowing and I needed a blood transfusion after the surgery. I then woke up alone in recovery unsure whether the baby hadn’t lived. It is one of the worst memories of my life.”

– Sarah, Williamsburg, MI

Sarah Jo - Huntington Woods, MI

I labored for more than 12 hours – most of it without any drugs or intervention. I had a resident check me inaccurately – telling me I was farther along than I really was – only to later tell me she made a mistake. Then, after no progress for 5 hours I was convinced to begin taking drugs to “help me relax and speed things along...because if I didn’t progress soon, [they] would have to do a c-section.”

Meanwhile, there was no stress on the baby (no change in heart rate, etc.). I felt pressure to succumb to doctor’s recommendations when she knew it wasn’t what I wanted because she wanted to “speed things along.” After no progress still, I was pretty much forced into a c-section. I later learned that the doctor had a very high rate of c-sections and moved her practice to another state to focus on gynecological surgeries. It was very emotional and still bothers me 11 years later.

Sally - Ypsilanti, MI

My sister had a c-section she never really recovered she never held her daughter she was whisked away to fight for her life in the critical care nic unit. My niece has swallowed the fluid and fetal excrements and fought for her life. The cut was so bad and painful my sister couldn’t walk. It took days of denial / trauma / disbelief to be able to even sit her in a wheelchair to get to her daughter.

I went to see my niece who was fighting for her life her little finger and hand reached for mine. I cried. It was touch-and-go. All this machinery, IV in her tiny arms, feeding tubes. The maternal instinct never kicked in – she couldn’t breastfeed and her couldn’t hold her. My sister never had any more children after this traumatic experience. My heart goes out to all. I believe c-sections are being done as a convenience for the shortage of OBs. My advice, unless an emergency life or death, get a second opinion. Go to the hospital, check their ratings and see how c-sections vs vaginally are done. We are losing too many babies this is America. I believe the rating was 65% of babies don’t survive now. Why?

Nicole - Canton, MI

After years of trying to get and stay pregnant, I learned I was carrying twins. I was in my 30s and in very good health, having just competed in a 10 mile trail race. Not long into my pregnancy, I learned I had pregnancy-induced ITP, a blood disorder that meant my platelet count was dropping. For this I received regular infusions throughout my 2nd and 3rd trimesters, but without successful increase in platelet count. I carried my twin boys to 38 weeks.

At birth they each weighed 6 lbs, 8 oz. and Yes, I was HUGE. But during labor, my blood pressure spiked (labor preeclampsia) into a very dangerous area and my doctors become concerned I would experience seizures or worse. They needed to perform an emergency C-section. Because my platelet count was critically low, an epidural was not an option; the C-section had to occur under general anesthesia. But no surgery could occur until I received a transfusion; without adequate platelets I was at risk for bleeding out. The C-section was performed while I was under, but because of the drugs given to address my labor preeclampsia, the babies’ heart rates were dangerously low and both were rushed to the NICU.

This period of time was terrifying for me and my family. My babies and I are incredibly lucky to have received the care we needed. We had good insurance through my husband’s employer and were at a large university hospital with access to the best providers and facilities. My twins boys are now 12 and about to pass me in height. I am terrified to think of how things might have turned out had we not had access to the medical interventions that saved our 3 lives.

Sarah - Williamsburg, MI

My older daughter was born unexpectedly at 35w5d due to an unexplained placental abruption. I woke up to my water breaking and passed several clots of blood the size of my hand, and when I called my on call OB GYN they told me I should “probably” go get checked at labor and delivery. I had a c-section under general anesthesia completed within an hour of walking through the hospital doors due to the baby being in danger and due to my uncontrolled hemorrhaging. My placenta was 50-70% detached at the time of the surgery. My daughter was 4lb 9oz and 17” long at birth and spent a week in the NICU.

I will never forget the doctor asking me what my birth plan was *after* telling me the placenta is rapidly detaching and I’m only in stage 1 labor and my cervix is about 3cm dilated. My c-section was necessary, and my baby survived, but the experience was harrowing and I needed a blood transfusion after the surgery. I then woke up alone in recovery unsure whether the baby hadn’t lived. It is one of the worst memories of my life.

I was 28 and in relatively good health, non-smoker/non-drinker and had no reason for the abruption. It was really
Melissa - East Lansing, MI

I had preeclampsia at 38 weeks and at age 39, already considered high risk. I had great care from conception to birth, due to my age and diabetes and compassionate medical staff. The pregnancy itself went well. Minor morning sickness, and back discomfort the last 6-8 weeks. Overall, I felt great. I loved being pregnant! Back to birthing: Despite vaginal delivery efforts, Franni flipped sunny side up and ended up in an emergency c-section. She was whisked to NICU for low respiratory response and I didn't get to see her again 30+ hours. She was in NICU for about 60 hours.

I am grateful for my care and health insurance. As a single, educated mom with a Master's degree, my teacher salary could not have borne all those costs. I healed beautifully and I now have a very healthy 11-yr-old daughter. I didn't pay a dime due to my insurance (it no longer exists in that 100% form for staff who want families). So can you imagine families in more need than me? How can they possibly afford the costs? My diabetes was most likely congenital (had it for years prior to pregnancy) and preeclampsia is not a preventable condition. Mothers need the amazing care I had throughout my pregnancy to raise healthy children.

MINNESOTA

Samantha - Duluth, MN

My birthing experience was negative for the most part. My water broke at 40 weeks and 1 day. I went to the hospital and was induced. They pumped me full of magnesium which disoriented me. My epidural did not work. I was able to move, feel the pain, and feel the catheter. After 26 hours of laboring, he was almost crowning. They decided it was time for a cesarean. At this point, I was in so much pain, completely out of it, and tired. I went along with it.

After my surgery, I wasn’t able to do skin to skin. I saw my son for a few moments and then I was brought to recovery. After recovery, they didn’t allow me to see him, hold him, or feed him for 4 hours. Finally I demanded they let my son’s father sit in the nursery with my son and do skin to skin. After that, they brought my son to me. I felt terrible after the surgery, still full of magnesium. I felt disrespected and violated. And for years I told myself, “at least my son and I came out of it healthy.” I now realize that what I experienced wasn’t okay.

Lucy - Minneapolis, MN

My son was singled out unfairly by a daycare director who had an animus toward black and brown students, especially boys. Then in middle school he was suspended after concluding a conversation with a female friend by draping an arm across her shoulders.

The social worker responsible for the suspension threatened to call the police; I told her I was fully prepared to call the American Civil Liberties Union and initiate legal action if she did so. Fortunately, that was the end of the matter, but what happens with those who don’t know their rights?

Leslie - Savage, MN

Both my brother and his son were pushed through their education, passed to the next grade without the help they needed for disabilities, labeled “disruptive,” bullied, dared to show risky behaviors, further ostracized, ultimately turning to alcohol, drugs, petty crime and targeted by law enforcement. Incarceration costs money, with no ability to pay fines and going further into debt.

All of these life experiences led to mental health and physical issues which just seem to keep them circling in the system as “criminals”.

Andrea - Mankato, MN

What is frustrating for me is to complain at the highest level in the school about being kept out of special needs classroom. How can I see how they are helping my child and how can I see how I might learn or help my child when I cannot see or understand the big picture? The reason that special needs parents cannot enter a special needs classroom is because of privacy laws at the highest and that is not fair at all.

NEBRASKA

Anne - Lincoln, NE

I had been diagnosed with preeclampsia for 4-6 weeks by the time I was 33 weeks pregnant with my & my husband’s twins,
Both of my children were born via c-section. During the first delivery under chaotic circumstances, but also so I could successfully breastfeed. My son had jaundice which required several subsequent visits to address. I had several visits with a lactation consultant to address. I had at least one very scary experience giving birth to my children. With my first child I had decided to go to a nurse midwife so unfortunately let my labor go on too long, and eventually I needed to be transferred to a hospital where I got excellent care and had a C-section, as the long labor had dehydrated me so much that my labor had stopped after 20 weeks respectively, in the NICU. I spend a week in the hospital recovering. Our family has excellent health insurance, but I can’t imagine going through that situation without it, or with lesser coverage.

Everyone deserves good health insurance. The GOP should be completely ashamed of themselves trying to steal from the poor & middle class to give tax cuts to the wealthiest of our nation. As it turned out, I have 2 fabulous, beautiful 8 yr olds (boy & girl, fraternal twins). And my health improved steadily after my C-section & stay in the hospital, but I know not all women or families are as lucky & blessed as we were & are. The GOP needs to fund their health manitou & compassion & stop being so greedy. I’m truly disgusted by their actions.

Katherine - Lincoln, NE

When I had my first child it was a full moon, which might not mean anything to most of you but for maternity nurses, it is a busy night. We started out as one of two couples in the unit and by the time I was ready to go there were some 16 women in the same boat. My delivery was difficult and was complicated by the fact that both of my doctors were in other rooms performing emergency C sections. When it became clear that my OB/GYNs would not be attending, they had to cast about for someone with an MD...no takers...even the anesthesiologist turned it down.

The anesthesia, by the way, didn’t work and after an incredibly long and painful labor, put on hold while we waited desperately for one of the docs to get free, a resident delivered my son. However, since he was not an OB/GYN he did not perform “the cut” - no episiotomy meant substantial tearing from delivery of a 9 lb baby. He stitched me up for the better part of an hour. The first crash cart for the baby was not functional, so they found a second. The baby and I were fine, but recovery from the birth was pretty substantial and painful. My son had jaundice which required several subsequent visits to address. I had several visits with a lactation consultant so I could successfully breastfeed.

I was lucky to have coverage that allowed not only a successful delivery under chaotic circumstances, but also so I could afford the care to avoid a serious infection afterward, and support to successfully breastfeed for 6 months even while I returned to work. Every. Single. Expectant. Mother. Deserves. That. Same. Coverage. And. Care.

NEW HAMPSHIRE

Lori - Exeter, NH

Both of my children were born via c-section. During the first one I had a high level spinal which impacted my breathing during the delivery, which my surgical team dealt with in a very detached way. Afterwards, I had several days of nausea and vomiting due to sensitivity to anesthesia medications. For my second delivery I attempted a VBAC but met with the anesthesiologist to request an epidural or spinal if the c-section would be necessary. He was dismissive and somewhat patronizing about my concerns, even addressing my husband more directly than me. My two healthy babies were worth it, but the first delivery was traumatic and possibly contributed to my postpartum depression.

Heather - Hampton, NH

I had a friend and colleague who was pregnant at the same time I was, both of us with our second child after having had miscarriages. Her c-section was scheduled to occur on the same day as my due date (nine days ahead of hers). She and I exchanged frequent pregnancy discussions/news and were taking friendly bets with each other as to which one of us was going to give birth first.

About two weeks out, she started to feel like something wasn’t right. She went to her OB/GYN for an ultrasound and testing, but everything came back normal. About a week later, during a routine check, they discovered the baby no longer had a heartbeat and had died. She had to deliver her stillborn baby, and discovered then that the umbilical cord had wrapped around the baby’s ankle, cutting off all supply of oxygen, blood, nutrients, etc. With more advanced testing, this could have (and should have) been avoided. This baby was an otherwise healthy baby.

It affected my pregnancy as well, as I was panicked. I delivered my baby on my due date with the help of my doctor breaking my water and starting me on pitocin (which has risks/possible side effects). After five good pushes, my daughter was delivered, and, as a result, I had a pretty significant tear. For a good time after, I went through severe depression which negatively impacted my marriage. There has always been this pain between my friend and I, especially when she sees my second child.

My child and I are constant reminders to her of what she lost. The risks a mother and child face during pregnancy and delivery are astronomical, and anyone who attempts to diminish the need or availability of proper care is either misogynistic, ignorant, greedy, heartless, self-serving, or all of the above.

Julia - Durham, NH

Even though I had excellent prenatal care and good insurance, I had at least one very scary experience giving birth to my children. With My first child I had decided to go to a nurse midwife so unfortunately let my labor go on too long, and eventually I needed to be transferred to a hospital where I got excellent care and had a C-section, as the long labor had dehydrated me so much that my labor had stopped after 20 weeks respectively, in the NICU. I spend a week in the hospital recovering. Our family has excellent health insurance, but I can’t imagine going through that situation without it, or with lesser coverage.

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hours. With my second child, everything went routinely with the planned C-section. For my third child, I went into labor three weeks early and while in the hospital went into anaphylactic shock after having an unexpected allergic reaction to the antibiotic they gave me before surgery.

Thanks to a very alert nurse, who stopped that IV drip of the antibiotic, I was able to deliver my third child safely. I was very weakened by the allergic reaction on top of the delivery and surgery from the C-section. It was also a very scary experience as I have never had a reaction like that to a medication or anything else, and I thought I was going to die. Thank goodness for good medical care and caring nurses and doctors.

NEW JERSEY
Nicole - Brick, NJ

When I was pregnant with my first child I woke up one night not feeling well. I just knew something was wrong I went to the hospital and my blood pressure was through the roof! I had preeclampsia and never knew it. I had to have an emergency c section as my son and I weren’t doing well. He was born at 34 weeks and weight 3 lbs 15 oz. and had to stay in NICU for 21 days. As for myself, I had complications healing from the c section. The incision opened up and had to be cleaned by a nurse who came to my home twice a day for 2 months.

Marya - Ocean City, NJ

I never personally experienced a C-section as each of my children was born vaginally, but I did work as an L&D nurse for eight years and saw women being pressured into C-sections on a very regular basis. As a matter of fact, it was a climate of care in which too often doctor’s needs were paramount and women’s needs only peripheral that prompted me to leave my position.

I remember once a woman who wanted very much to have a VBAC. At change of shift that evening another doctor from the practice which provided her OB care came into her room. He strode to her bedside and told her he wanted to see how her labor was progressing and would do a vaginal exam. His exam lasted about two seconds, not enough time, I remember thinking, for his fingers even to have reached her cervix, let alone to have done a careful exam.

It was clear to me that the outcome of this woman’s birth story was determined before the doctor even entered her room. He announced that no progress was being made and that she would have to have a C-section. He immediately walked out and began ordering what was necessary for the C-section to occur.

The worst moment – the one that for me represented just how little he had made this woman in her own birth story – was when we got to the OR and, in what seemed to be one last little attempt to salvage some dignity, she requested that he stitch the incision shut rather than using staples. He always prided himself on the speed of his C-sections, so I knew that he would not want to do this. Instead he looked at her previous C-section scar and brushed her request aside; he commented that the scar looked bad because it had been stitched, and proceeded to staple her incision shut.

This is only one story, but for me it was a powerful example of the way that a C-section can be the sad manifestation of a doctor’s utter obliteration of a woman’s vision for her own baby’s birth. I often thought of that woman afterward, and wondered if she suffered as a result of this.

Syreeta - Cranford, NJ

I was pressured into my c-section, because the doctor’s shift was ending. Seven days after I was in the ICU with internal bleeding, massive hematomas that had to be surgically removed, the incision on my uterus opened back up, I had a bad infection, fever of 103, and a massive bowel blockage that require EMERGENCY surgery.

Tiffany - East Orange, NJ

I had my daughter at University Hospital, now call Rutgers Hospital, in Newark New Jersey back in 2010. I had a C-section and the whole time I was there I just was telling that I didn’t feel well they had me on antibiotics and didn’t tell me why I didn’t think until I found out why that it was necessary. So the day of discharge I kept telling my nurses that I didn’t feel good. They said well all my vital signs we’re good and that I was ready to go home.

I got home with my newborn and my then 8 year old son went to sleep woke up in the middle of the night sweating chills felt like it was a full-blown fever. I had to call my mom who liveD very far away to come pick up my children so I could call
the ambulance. So I had to wait until she got there which was an hour to call an ambulance.

Come to find out I had an infection in my C-section something that I knew already in my heart before I left. now I’m pregnant with my fourth child and I somehow ended up at the same Hospital. I am very scared and I will discuss this with my doctor. I’m just praying that this doesn’t happen again because I don’t have my mother anymore to just come pick up children for me while I go to the hospital and I don’t want to die in the hospital or after I come home I want to raise my children I have a big fear and I just pray to God that I get home and with no complications immediate or in the future.

Smita - Bloomingdale, NJ

I gave birth to my son in March 2015. I had been in labor for almost 16 hours before delivery. I entered the hospital at 10 am with contractions and was told I would due to deliver around 11pm. As we got close to 11, the time kept being pushed back. First 12am and 1am. Starting at 12a, I started pushing and after 2 hours the doctor decided that more needed to be done. My son was facing down or as my doctor said “sunny side down” and never turned up so my OB used forceps to get him out. He came out successfully and was healthy but I got a third-degree tear because of the forceps.

My OB who was a black woman with over 20 years of experience in the field and had been my primary physician throughout my pregnancy and I trusted her. She sewed me up and though I couldn’t feel anything (thank goodness) since I had an epidural, I could see a mountain of bloody gauze behind my doctor. I tried not to think about it, but in retrospect it was a LOT Of blood. My doctor stayed calm throughout by now I realize I did have a birth complication because of my tear. I realize that other doctors might have immediately put me in for a c-section but maybe bc of her expertise she held off on that option which I am grateful for.

I also realize that if I had experienced less care from my physician or had given birth in a developing country there would be a good chance I could have bled out or gotten an infection. The line is so thin and honestly I feel very lucky, because I know for too many women, this situation can lead to a lifelong injury or even death.

NEW YORK

Martha - New York, NY

I had a c section in 1984, after several weeks of hospitalization due to preeclampsia. I was 24 years old, married and working full time and at a checkup it was determined that my blood pressure was too high. It was high at the next week reading and my doctor decided to hospitalize me. What I hoped was temporary lasted until they began an induction at 38 weeks. My induction was for several days until my water “spontaneously” broke. As in after 2 days of pitocin and vaginal checks to see my progress which was basically nothing. No epidural, just lots of pitocin and sympathy.

I was starving because no food during induction and exhausted when I was offered a csection which at that point probably saved my life and the life of my baby. During the emergency c section, I became aware. The general anesthesia was not complete. I heard, felt, smelled the whole experience although no one knew.

As they began stitching up my incision I was able to go under, but not before I felt the incision, heard the proclamation that I’d had a boy, and felt the burning pain of a c section. I had 4 more children in 1986, 1987, 1991, and 2000. All vaginally.

All of my children are healthy, and 2 of my daughters that have had children also had a very hard time. One c section for Margaret due to failure to progress- c section saved her life. One daughter Emily who labored naturally at a very well attended midwife center and the was emergency transported to hospital after her baby- her first- was in distress.

Zenia - New York, NY

I definitely felt pressured to get a c-section. Throughout my pregnancy, I asked my doctor how long he would wait if my baby wasn’t born on his due date. My doctor assured me he would give me a week or two. However, four days after my due date, my doctor told me my amniotic fluid was leaking and low, so he wanted to induce labor the next day! It just also happened that he was on call the next day at the hospital. At the time, I trusted that he knew what was best, so I arrived at the hospital the next day. I was given pitocin but almost 24 hours later, I was only 9 cm dilated.

My doctor told me he would give me one more hour to see if I would dilate to 10 cm so I could start pushing. However, I stayed at 9 cm and developed a fever, so I was rushed into surgery for a c-section. Everything happened so fast. They wheeled me to the OR and told me my husband would follow.

As they prepped me, they ripped off my hospital gown and I laid naked on the operating table, confused, scared, and humiliated. As they continued to prep for surgery, they realized that the epidural they gave me the day before wasn’t effective and I could feel pain, so they made the immediate decision to put me completely under.

I was screaming for my husband but they told me he wasn’t allowed in the OR if I was fully knocked out. My last moments of consciousness before the anesthesia kicked in was pure terror. Thankfully, my baby was born healthy and is now 10 years old! But it took me a long time to get over the physical and mental trauma of having a c-section. I often wonder if it was just for the convenience of my doctor’s schedule.
As an elementary school social worker, I have seen kids 6 & 7 years old being taken by police. All of those children need help and so does the family. I told colleagues I will not nor never participate in those episodes. ALL WERE Black Non-Blacks there is always a reason for bad behavior.

**Alia - White Plains, NY**

I gave birth to twins via caesarean just before midnight on a Thursday in December. I had been adamant about not wanting a C-section throughout the entire pregnancy, so despite being warned by all of the doctors in my practice that a twin delivery was more likely to end in the surgery, I wasn’t really emotionally prepared when it happened. My first night in the hospital is mostly a blur – a mix of exhaustion from the labor and fogginess from the drugs. But I remember a male doctor coming in to examine me, and that he pulled out a couple of medium-sized blood clots. I don’t remember his name, or his face, but I do remember feeling a dulled sense of alarm, and his instructions: If this happens again, call for the doctor immediately.

The rest of my recovery was without incident, and my time in the hospital was spent learning how to change a diaper, figuring out how to breastfeed, and pushing myself to get up and move. When my husband and I brought the babies home on Monday, it was one of the only times in my life I can truly say I felt equal parts joy and terror: joy at having created these two perfect little lives, and terror at the thought of somehow doing something wrong. I hear this is fairly common for new parents. At home, the bleeding didn’t stop, but I’d been told that that was normal, so I thought nothing of it. My feet and lower legs were more swollen than they’d been for the entire pregnancy, but again, swollen feet are common, so I just waited patiently for the swelling to go down. And besides, we were busy getting to know our babies, receiving visitors, and basking in the giddy joy of being parents.

On Saturday morning, nine days after giving birth, I got out of bed and as I stood up, I felt a gush of blood between my legs. I quickly made my way to the bathroom, where I was horrified to see four baseball-sized clots soaked the pads I’d been wearing. I vaguely remembered seeing something in my discharge instructions about calling the doctor if I started passing large clots, so I called my husband for help and immediately called the answering service.

In the 45 minutes between when I called and when the doctor called me back, I had soaked through three sets of pads. I told her what was happening, and she said, “Come to the ER right away.” So we left our newborns with my mother and rushed back to the hospital, an eerie reliving of our trip just over a week ago. This time, though, instead of chattering with anticipation and excitement, our car ride was silent, heavy with our fear. I left a pool of blood in the seat of the car—I keep meaning to track the driver down to apologize.

In the ER, my blood pressure was dangerously low, so we were immediately ushered back to a bed. From there, my memory is comprised of a series of still-life moments. Joking with the nursing staff about how we loved the hospital so much we couldn’t stay away. My husband going next door to help the disabled patient and his caretaker connect to the Wi-Fi. Me, crying out for my husband to stay there, to not pull the curtain back despite my screams as the doctor examined me — I didn’t want him to see her hands come away soaked in my blood. And through it all, trying to handle myself with aplomb while sitting in an ever-widening pool of blood.

The moment that is etched in my memory is this: I am holding my husband’s hand, listening to the doctors on the other side of the curtain navigating the logistics of operating room privileges and blood type, when the edges of my vision start to fade. I look at my husband and say, “I think I’m going to pass out.” And then, as if from a distance, I see him tear the curtain back and yell for help. I fall further toward the black, until the only thing I can see is his face — always so kind, and calm, and in control — a mask of panic. He, who never cries, has tears in his eyes as he says, “You have to stay here, okay? You have to stay here.” I promise to try, but it feels as if I’m underwater.

That is the moment I can still relive if I close my eyes. That’s the moment I thought I was going to die. I was too far gone to feel fear, but I did feel an overriding sense of regret. What a shame, I thought, that we’ll never get to raise those beautiful children together. What a shame that my children, whom I already love so much, will never know their mother. A nurse came and elevated my feet above my head. And slowly the room came back into focus. From there, I was rushed to the operating room where the doctor explained that they were about to put me under, and to count backward from ten. I awoke in recovery to the news that the procedure had gone well, and that I’d needed four units of blood to replace all that I’d lost.

When I looked it up later, I was shaken to realize that they had replaced nearly half of my blood volume. Before it happened to me, I had never heard the term “postpartum hemorrhage”. That seemed like the kind of thing that happened somewhere else, where women didn’t have access to quality maternal care. But it is far more common that one would expect. In the time since it happened, I’ve learned new information about how doctors treat Black women that has colored my birth and postpartum experience.

Was the doctor careful enough? Did she see me as a human being? I don’t know if I could have done anything differently to prevent what happened to me, but I hope that by sharing my story, others might be more prepared. And more than anything, I now feel gratitude. For every moment I get to spend with my husband, every moment spent watching our twins grow, I am exceedingly grateful.
“I had read about how, statistically doctors are less likely to believe women when they say that they’re in pain...and even less likely to believe black women. I had nightmares of bleeding out on an operating table, ignored – adding undue stress to my body and my unborn child.”

- Lashonda, Freeport, NY

Lashonda - Freeport, NY

Being pregnant, and going into labor, were the scariest moments of my life. And it wasn’t because I didn’t know what to expect, or because I had watched too many movie deliveries. I was terrified, because I knew, that despite living in America, one of the richest countries in the world – that it was very likely that I would die.

Statistically pregnant women in the US have more complications, more C sections and more deaths than women in other developed countries. And as a black woman, I knew the numbers were especially dire for me. I knew that factors that usually reduce pregnancy and labor risks (under 35 yrs old, high education, high income, diligent prenatal care) would not be enough to counteract the dangers of my race. I had read about how, statistically doctors are less likely to believe women when they say that they’re in pain...and even less likely to believe black women. I had nightmares of bleeding out on an operating table, ignored – adding undue stress to my body and my unborn child. During my labor, the umbilical cord got wrapped around my son’s neck. When my OBGYN announced that we would have to have a C section, my husband announced that we were leaving. He literally started putting my shoes on, and attempting to get the epidural needle removed. Despite the procedure being extremely common in the US, he had read about the risks the procedure came with - and he didn't want to have to choose between his wife and son.

My son was born healthy, but spent 4 days in the NICU, because I had a fever during labor. And with my extremely high coinsurance, that cost us extra thousands of dollars in care. It meant that I had to cut my unpaid leave short in order to make sure our bills were paid on time. If making sure that more women attempted breastfeeding, and continued breastfeeding for longer periods of time was a priority, how could paid leave not be mandatory?

I was forced to pump in my car, in closets, behind a podium, in a bathroom. In spite of locking the door, and putting up

Marija - New York, NY

If it weren’t for our health insurance which covered maternity in full, both my daughter and I would have died when I was giving birth to her because of placenta previa. We were saved by an emergency C section and fantastic care afterwards. Women must have full health care/ maternity coverage or many will die. Giving birth is a very complicated process for many, and everyone deserves to have the chance for our advanced medical system to make sure that mother and baby get through the process safely. The idea that only wealthy people would have this medical guarantee is disgraceful and cannot be considered by any moral person.

Ty - Freeport, NY

After multiple miscarriages in the first trimester, I finally made it to the third trimester of a pregnancy in 2008. My baby died while in my belly at 28 weeks. I was forced to push a dead child out because the hospital would not do a c-section. Nine hours of hard labor to only have one memory of holding my already dead child. If this weren’t traumatic enough, the hospital left me on the maternity floor to hear all of the other children cry and watch them bond with their mothers. I was given no aftercare counseling and I suffered very badly with postpartum depression for YEARS.

Theresa - Yonkers NY

I was a healthy pregnant mother. The attending physician was unable to speak or understand English. I was trying my best to communicate with him. He just smile. I was in the room with another expecting mother. I arrived at 11 PM it was now 7:30 AM. My doctor took my daughter’s heart beat. It was faint. I was rolled into the operating room. He asked for an anesthesia was not there. Dr. Soscia a little older than I, threw Ether on my stomach and began to cut me. The an-
astesist came, but I was still awake. Dr. Soscia said put her back to sleep. My daughter and I we had Placenta Previa. I knew my daughter was struggling to stay alive. It was horrific. I thought she may have been brain oxygen deprived.

Sarah - Fort Drum, NY

I was 40w4d when I woke up in a puddle at 3 am. This being child number 2, I realized my water had broken and I stayed awake waiting for contractions to start. They didn’t but I called my doctor and they said to come in just to be safe, especially since I was past my due date. By the time I was checked at the hospital, my water had stopped leaking; however, they checked the baby’s heartbeat and determined that based on positioning she was breech. Instead of keeping me in the hospital and doing a C-section, I was told I was blowing the situation out of proportion and to go home but come back if I stood up to a gush of fluid. At 1300 that day, I did just that so I returned to the hospital.

Again, I wasn’t having contractions but this time they did an ultrasound and visually confirmed that she was breech. The decision was still made to send me home in spite of the fact that the hospital’s policy was to admit for caesareans all patients with breech babies at 39 weeks. This time I was told I would be fine and to go home but instead of coming back if there was fluid only return if I had contractions that were 5 minutes apart.

The next night (yes, 36 hours after this started) contractions began. I told my husband that I wasn’t going back until we were certain that I was in active labor. He is an Army medic and has delivered a few babies before so I had him check to see how dilated I was. When he went to check my cervix, his finger was grabbed by a tiny baby hand. I was in the process of delivering her arm-first so we rushed to the hospital.

When I got there, it took them awhile to check me in – presumably thinking that it was another false labor from me. They eventually realized that I needed to be rushed to surgery for an emergency C-section. The delay in the delivery resulted in several significant tears in my uterus, tears in my cervix, a significant loss of fluid, and the surgery taking longer than they had planned. Longer to the point that my spinal wore off and I could feel the surgery until they were able to put me under. I remember my husband being told he wasn’t allowed to look behind the sheet because of how gory it was. I remember being told that my BP had dropped to 42/33. I remember my husband being kicked out of the operating room because the doctors didn’t want him to watch me die.

When I woke up several hours later I learned that she had been born non-responsive and had to be given CPR. I was also told by a nurse that they really encourage mothers to hold babies within the first hour of that child’s life or else there will be attachment issues and she was concerned about that with my daughter. She didn’t get the message that I was in surgery for an additional two hours after they took the baby to the nursery and under anesthetic for an hour after that. When I started to heal, I had intense pain whenever I twisted. An ultrasound revealed that my uterus had fused to my abdominal wall – a result of the doctor putting my organs back in “contorted” (as he told me) because he wanted me to die in the recovery room and not on the table. Surgery had to be done to detach everything and stitch me up the way I should have been in the first place.

I had to have a tubal because another pregnancy would likely kill me. My uterus can no longer expand to allow a pregnancy to proceed past week 25 is the guess. The doctor all around screwed up. This, by the way, was in California on an Army base. Medical care should be better.

Lorraine - Salt Point, NY

I told my OBGYN doctor I believed I might have Toxemia during my appointment on September 19, 1983. He said that I was just being hysterical, would not deliver my baby for two more weeks and should go home and rest on my left side. That night at 11:00 P.M. I went into labor. Upon our arrival the nurse took one look at me and asked how long my legs had been swollen. I told her since July. Then she took my blood pressure. My husband fell asleep in the chair beside my bed, believing we were in for at least a twenty hour labor and delivery.

The nurse returned and told me that I was in critical condition and strapped me down to the bed. I told them that we wanted natural childbirth and it did not involve being strapped down. The nurse said they thought I was going to start having seizures, needed anticonvulsant meds, and were requesting our doctor to come immediately. I wound up needing a C-section and heard my doctor yelling in the hallway that I should have had a C-section when I was at the doctor’s office earlier that day.

I had Pre-Eclampsia, a condition where I may have died and my child could have been born severely handicapped due to my high blood pressure. My baby arrived at 7:38 the next morning and was fine. Pre-eclampsia is the condition prior to Toxemia. I was very fortunate to have gone into labor when I did because had we waited to go to the hospital, I might have died. The doctor at fault never apologized to me.

NORTH CAROLINA
Maryann - Gatesville, NC

I had my only child at 39. Christmas Week. Never have a baby Christmas Week. They were totally understaffed. I am still not sure if my C-section was due to this or because the baby really was stuck. My cousin died having her baby. At 30. Pre-eclampsia turned into a major problem, admitted to hospital on weekend, ended up stroking out on the table delivering baby. Don’t have your baby on the weekend either.
S Cardinal - Wilmington, NC

In the US today, we have tossed aside common sense. Too many C-Sections because of people’s schedules make for trouble. Natural birthing is safer by far. The use of Midwives should be on the rise. OB-GYNS are so afraid of lawsuits they quit medicine. Fix our lawyer happy foolishness, return child births to experts & use some common sense. It will save lives! I know, I worked in NICU & MATERNITY WARDS in many hospitals for over 30 years. I am a retired RPh.

John - Fairview, NC

When my son was delivered 24 years ago, my wife had to have a C section. The baby was in danger, to start with. Then something went wrong when the anesthetic was administered in her spinal area. Instead of flowing downward, it rose immediately to her head and brain, and she experienced an “explosion” in the head that was extremely painful. The nurses and doctor present seemed to have no idea what was going on, and I could see the look of terror and helplessness on their faces. She survived, thank goodness, but no one ever said a thing about the baby being compromised, and that something went wrong with the administration of the anesthetic.

He continued to struggle against multiple health problems until about age 8, then became normal (thank God), and then grew further and has become a musical genius in his early twenties. It’s a miracle - but something has to be done!

Marianne - Durham, NC

Experienced health complications related to birth before, during or after delivery? Yes - with both my pregnancies. My first 8 years ago was a csection child after “failure to progress”. I ended up with a wound infection at the incision site that required weeks of home health visits. With my second child, I experienced a severe postpartum hemorrhage, DIC and subsequent emergency hysterectomy to save my life. I spent 2 days in the ICU without my child and needed 12 units of blood product transfusion. This was three years ago. There is NOTHING that can prepare you for almost losing your life while bringing life into the world.

Had a traumatic birth experience? Both of the experiences above were as you can imagine quite traumatic. With the first, I never wanted a c section so that in itself was traumatizing. I ended up experience postpartum depression which went untreated. It was a very challenging time. With the second, I had a lot more support from the medical community but needed to work through grief and PTSD related to the birth. Faced unsatisfactory care or access to care when it came to maternity, birth, or infant care? With my first birth, the medical professionals felt very dismissive to me. I believe this contributed to the trauma greatly and possibly one of the reasons why I did not seek help for the postpartum depression.

Carolyn - Durham, NC

My experience with a C-section became life threatening. I had a hemorrhage directly after giving birth to my twins. I was in surgery for several hours and was given many units of blood/plasma—enough to replace my blood supply and then some. I survived only after a hysterectomy was performed and the bleeding stopped. I was unable to have additional children due to the surgery, and it was very traumatic to my husband who had to go through the possibility of being a single father of twins.

Amy - Raleigh, NC

I have a subseptate uterus, an abnormality that may limit the space inside the uterus. This was not discovered until I was 7 weeks pregnant with my first child. At that point there is no way to know how severe the abnormality was because there was a baby in there. Thankfully, most of my pregnancy went very well, but I had to be monitored more closely. At 36 weeks, my water broke in the parking lot of my work. It was an exciting morning to be sure. What followed though, was 36 hours of hell.

You see, my baby ran out of room in the womb because of my sub-septate uterus, so my water broke, but the labor was not progressing at all. After 12 hours of nothing happening, doctors had to progress it with pitocin, which makes labor pains more severe. Another 12 hours passed and I had dilated very little. Another 12 hours of excruciating pain and anguish (even with pain meds) and I was finally fully dilated, but the baby was not aligning with my cervix. After pushing failed, we had to get the baby out, so we went to emergency C-section. Because I was in labor so long, I lost an incredible amount of blood during the c section. I was anemic for 2 months after. I suffered a uterine infection 2 days postpar-
tum and had to be kept in the hospital even after baby was discharged. I suffered terrible postpartum depression and post traumatic stress immediately. It wasn’t caught until 2 weeks later when a Lactation Consultant house call intervened and referred me to help.

There is definitely more to the story, but the lesson is simple: me and my child would have died without the help of Duke University Hospital. We would have suffered longer in silence, without the midwife whose home visit was covered by ACA. We would not have had a successful and joyous scheduled C section of our second child. We are still paying off the debt of our first son’s birth, but I know it could have been so much worse without our health care and insurance.

**OHIO**

**Sherry - Wickliffe, OH**

Without Medicaid I wouldn’t have my daughter. My husband and I do the best we can but our insurance on the Marketplace while it would have covered a good chunk, would have still caused us to have to spend a significant amount. When reapplying for our plan, we found I qualified for Medicaid. We filled out the paperwork and submitted our pay stubs and thankfully were approved. I can’t tell you what a blessing that was for our family! I was able to save money towards my maternity leave as my employer does not offer paid maternity leave.

Thanks to Medicaid I had a healthy pregnancy and when I had to have an emergency C-section it was thankfully covered. My daughter also has Medicaid now and I am on my husband’s insurance plan. We could not afford to add her to his plan and are able to take care of all her other needs without having to fear being unable to pay our bills. We are extremely grateful for Medicaid and pay into this system, and we are strongly in favor of expanding Medicaid so that everyone has quality care. I also was able to get care for my Postpartum depression, care I would not otherwise have been able to receive.

**OREGON**

**Charlene - Portland OR**

Lord where to begin. What is true consent when you don’t even understand how invasive this surgery is. Stressors of navigating a health system as a Black Immigrant and a mother who had birth 5 babies vaginally in Liberia. Being forced to name my child when that request didn’t align with my cultural creating unnecessary stress. I refused and pushed back. So much to say!

**OKLAHOMA**

**Jade - Muskogee, OK**

My third pregnancy was uneventful. I use Indian Healthcare Services. I had a c-section planned due to two previous c-sections. One Sunday early morning I started having contractions. I was 3 weeks till my due date. We rushed to W.W Hastings Indian Hospital. I was hooked up to monitoring. I was in labor so they rush me to a c-section. I got the doctor on call not my doctor. This doctor decided to do a vertical cut instead of the bikini. I had 2 very successful bikini cuts with my prior pregnancies. Surgery went fine and my son was super healthy. Recovery was a nightmare. They took my staples out after a week. Days later my entire incision came open while I was at home. Rushed back to Hastings and stapled closed in the ER. Saw my doctor the next Monday and he had to remove the staples and pack my wound. I endured wound packing twice daily for about two months with a Nurse in my home. Frequent doctor visits, poorly managed pain, the physical limitations and everything else made it extremely hard to care for my children. Now I am 3 years later left with PTSD from the incident, lack of trust in doctors and a horrible ugly scar from belly button to pubic bone. Later I found out this same doctor did the exact same thing to other women. He is still practicing too.

**PENNSYLVANIA**

**Linda - Folsom, PA**

I had an awful experience with my c-section! I was high risk because of numerous surgeries, and was not supposed to go into labor. I ended up having early back labor and was told an emergency c-section was to be performed! First the An-
esthesiologist have me a difficult time about being put to sleep, even though I was having awful back pain & opted not to have an epidural. It took them hours to get my baby girl out due to tons of scar tissue. Thank God she was perfect!

I lost so much blood, and was hospitalized for an extended stay; baby was ready to go home before me. Finally, they gave me a blood transfusion, all the while insisting even with a fever that I should be breastfeeding! Needless to say, it was a very bad experience, but by the Grace of God, we are fine now! There are many who are not so lucky! Hopefully, my story will give more meaning to the importance of good care and being carefully monitored before, during and after pregnancy!

Anna - Plymouth, PA

My labor was dry and complications arose right away. The attending doctor, not my regular OB/GYN, left me alone in a labor room with a fetal monitor inserted vs finally onto my unborn son’s head. When he had descended into the birth channel he was sideways with the umbilical cord wrapped around his neck. Each time I had a contraction my son’s heart flatline on the monitor. The labor was literally killing him.

Finally, I was taken after a painful two hours of this all alone into an operating room and he was delivered midair and still held before my eyes blue skinned from lack of oxygen. I prayed as I was sutured together that he was still alive, that God would make him breathe, that all my healthy lifestyle during the pregnancy would mean something now. Miraculously after a couple minutes he started to pink up from toes down to top of head. I cried tears of joy when he cried his first cries. The nurse then stopped trembling. He had to have an epidural. It took them hours to get my baby girl out due to tons of scar tissue. Thank God she was perfect!

I’ve found a physical therapist who recognized the connection between adhesions and back pain, etc. I wish I hadn’t needed C-sections, but I was aware of the consistent drop in the heartbeat of my son, and his life far outweighed my desire for a vaginal delivery. There may well be unnecessary C-sections, but I was glad they were an option.

Marguerite - Mechanicsburg, PA

The first time I was pregnant, I had a miscarriage at approximately 14 weeks. I was devastated. Since my doctor advised me to wait before trying again, I finally was pregnant again about a year later. My pregnancy went very well, but after being in labor for 14 hours, the baby did not descend and I had a C-section. My baby was too big to be born vaginally and had facial paralysis for about a year from being pushed against my pelvic bones with each contraction. She is fine now!! Two years later, I was pregnant again, and I felt like the baby was as big (or bigger) than my first one. I mentioned this to the doctor, and he made me sign a paper which said that I did not want to try vaginal birth.

I had another C-section and this baby was slightly bigger than my first one, and the doctor told me that she would not have been able to come out vaginally. As a matter of fact, she was squeezed inside my uterus very tightly and when she was born her whole side was paralyzed. Fortunately, that only lasted a few hours and then she was fine. Thank goodness for good physicians and healthcare that did not dictate them how to do deliveries “by the book” so that my children were born safely.

Frances - Doylestown, PA

When I had my first son, I was in graduate school with crummy insurance. He was two weeks late, so they decided to induce labor. It started in the morning. My gynecologist went off duty in the late afternoon, and then I was under the care of another gynecologist—a man I’d never met.

They continued to induce through the night, and that gynecologist, every time he came into the room, would say, “I am not giving you a c-section. I am not giving you a c-section,” even though I – completely inexperienced in childbirth – had never asked for one. Finally, a half hour before my regular gynecologist would have come back on duty, and I guess for that very reason, he said, “Okay, we’ll go to another birthing room and use forceps.” After one of the worst experiences of my life, he held up my son and said, “Oh, not so big, probably 9 lbs.” My son was 10.1 lbs. with an extremely large head.

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Holly - Furlong, PA

My first C-section was in 1988; my daughter was 2 weeks overdue and a stress test showed indications of fetal distress. My doctor attempted to induce labor, but nothing happened, so I opted for a C-section. (I was almost 37 yrs old, and, at the time, fairly “petite”.) My doctor said my daughter, who weighed 8 lbs. 5 oz, hadn’t entered the birth canal - apparently her attention was diverted and instead of having her chin tucked down it was up... she had quite a spot on her forehead from bumping up against - my pubic bone? 19 months later I tried to deliver my son vaginally... he was also 2 weeks late but I did go into labor. When his heartbeat fell into ghed my desire for a vaginal delivery the teens my doc opted for another C-section. She was 9 lbs 10 oz. Both kids are doing fine.

I was glad C-sections were an option. BUT I wish my doctor had better surgical skills. My C-section scars are a mess, and apparently I have a lot of adhesions. I’m lucky because
volving the urinary tract and the digestive tract, all because of that tear, and a doctor who didn’t want to perform a c-section because of cost and inadequate insurance and a paternalistic attitude.

My next son was transverse. The doctor said that we could do the version technique (I’d recently heard from a friend who’d undergone it that it was extremely painful and that her baby had immediately flipped back, requiring a c-section anyway) and then induce. I said “No thanks, give me a c-section.” The gynecologist said, “Well, you’d better discuss it with your husband.” I said “I don’t need to, GIVE ME A C-SECTION,” which turned out great. The power of better insurance and the authority of bad experience.

Elizabeth - Manheim, PA

I delivered three beautiful girls over the past 13 years. My first was an emergency c-section, or an “unplanned” c-section. The 2nd were both V-BACS. Our firstborn started to arrive only 2 days before her due date. When my water broke, there was meconium in my water so the doctors were checking me a little more than usual. During my internal exam, the doctor was not satisfied with the response of my daughter’s heart beat – feeling her heart rate should have elevated more than it did. He suggested a c-section. Being our first child and trusting them, we agreed, wanting our baby to be born healthy. The procedure itself was without incident, however, afterwards is when some problems arose.

Prior to her birth, we had met with hospital officials and the anesthesiologist team several times to review protocol etc. We had mentioned and documented on several occasions that I was allergic to amoxicillin and penicillin and shouldn’t be given any of this. We were told this would be noted in our chart and not to worry. After the c-section and as my meds were wearing off, I began to itch uncontrollably and couldn’t get rid of the sensation. I was first told that was normal and it was just the reaction coming off of the anesthesia. However, it persisted for several hours.

Finally, my husband asked to speak with the anesthesiologist on call. As they reviewed my chart and my iv dosing, it appeared they had put penicillin in my iv drip! They immediately changed my iv and within the hour the head of anesthesia came in to visit me offering an apology and checking on me. Though we probably could have pursued the matter legally, we chose to focus on our beautiful, healthy daughter and count our blessings.

Janette - East Petersburg, PA

While pregnant with my son I had horrible morning sickness, to the point where my doctor was threatening me with the hospital if I didn’t gain weight. The prenatal vitamins made the morning sickness worse. I also have scoliosis, and it pushes my left rib cage forward just enough for it to be incredibly painful with the extra weight of pregnancy. Because of the intense pain, I had to go on bed rest for the final two months of my pregnancy. My son was a week late and I had to be induced.

Every time I had a contraction, my son’s heartbeat would drop. After 13 hours of no progression, my midwife decided that if nothing happened by sunrise, I’d be getting a c-section. I’ve had a seizure disorder since 16 and while I was in labor it decided to attack. There was no question now about getting a c-section. I remember the doctor asking me to tell him if I could feel him, (I had had an epidural). I could, so I told him, and they did nothing about it.

I had to go back to work 6 weeks after he was born because I had used up all of my FMLA time on bed rest. My son was born healthy and he is utterly amazing. I got pregnant with my daughter shortly after giving birth to my son despite using preventative measures and following doctor’s instructions of waiting 8 weeks before having sex again, (every single time I’ve been pregnant has been unplanned and preventive measures have been taken.) Because I was breastfeeding we didn’t know she was there until I was about 4 months along. I had similar issues with my back and ribs as I did with my son, two months away from my due date, I quit working. My doctor said that because of my seizure while in labor with my son, they could not induce me again.

Because I quit my job I had to find another ob-gyn, the first one I went to was absolutely horrible, they looked at me like they had never seen a pregnant woman with a seizure disorder before. And I kept having to re-re-re-answer questions that should have been in my chart. (Keep in mind, I’m already in a great deal of pain because of my scoliosis). I was there for a total of two hours, and fighting tears the majority of the time. I had to find another ob-gyn. Because of the back to back pregnancies, I thought it would be in the best interest of my health, mental, physical, and emotional to get my tubes tied. Well, with the in between ob-gyn there was a snafu and I was not able to get my tubes tied when they cut me open to get my daughter out. (That was performed six weeks after giving birth.) C-section was scheduled and I had told my primary care physician about how much pain I was in, the prescribed valium for me, and all it did was make me sleep. Sleeping and a barely one year old baby do not mix, so I dealt with the pain. My daughter’s birth was easy, everything was calm, professional, helpful. I never felt lost or scared.

In November of 2016 I found out I was pregnant again, (yes, after having my tubes tied). With having a tubal ligation, my doctor wanted to make sure everything was healthy, so she gave me numbers to ob-gyn’s. I’m on medicaid because we’re low income and my seizure disorder. There aren’t a whole lot of ob gyns that accept medicaid in my area. So, I called the ob-gyn that had me close to tears when I was pregnant with my daughter. They would see me, but they couldn’t until after Thanksgiving. And they didn’t understand why my primary care physician hadn’t ordered an ultrasound and blood
test. I called my doctor back, explained to them what the ob
told me, and they called and set up an ultrasound and blood
test for me. I went in for the ultrasound hoping that every-
thing would be okay. I watched on a tv screen sized monitor
of the tech performing the ultrasound on me trying to guess
where my baby was (when I went in for my first ultrasound
with my son, he looked like a dna strand to me.) Every little
blip or odd looking thing (2 c-sections and a tubal ligation
does not make it easy to pick things out for the untrained
eye.) The tech had to do a transvaginal ultrasound on me.
My baby showed up on the monitor and I was thrilled, I could
actually tell that it was a baby.

When the tech finished he told me that he needed me to stay
and that he was going to have a doctor look at the ultrasound
and have my doctor call me. It didn’t occur to me that this
meant something was wrong. My doctor called me and told
me that the fetus had attached to my fallopian tube, and
asked me to stay at the hospital and they were going to try
and get me to see and ob-gyn there. Within an hour, I was
sitting in front of a very kind ob and he said “in cases like this
we prefer you to be up and moving around and not doubled
over in pain.” He was very sorry, but the pregnancy needed
to end. I was escorted down to the hospital and my husband
and I waited several hours to end my pregnancy, the poten-
tial life that was growing inside me.

During that time I was barely holding it together and I hon-
estly think I was in a bit of shock because there was literally
no time to process anything. A woman came in and started
talking about burying my baby, she wasn’t a nurse or a doc-
tor, and she did not notify the hospital staff that she was go-
ing to come in and talk to me. So, I was angry and hurt and
my husband and I made a snap decision to let the hospital
dispose of my fetus’/baby’s remains (forgive me, but it was
a baby to me, and had it been three to four inches south, I’d
most likely be holding a two week old infant in my arms.) The
doctor that was going to perform the surgery asked if I want-
ed my tubes put together. I stared at him blankly, again, not
processing all that was going on. When he came back later he
asked again, I told him that my right tube could be saved,save it, but leave the left tube alone.

The surgery was a success, I lost my right tube, but it didn’t
rupture before or while they were in there, and I came home
in immense physical, mental, and emotional pain. Everything
physically healed well, sometimes I still get twinges from the
surgery. I think there may be some scar tissue around where
the waist of pants/shorts sits on me. Mentally and emotion-
ally I had cycled back to old paths of feeling like a constant
burden, thinking I’m worthless. That my loved ones would be
better off without me. I got myself into therapy before I spi-
raled to a point I couldn’t come back from, and I am grateful
to be alive, but I miss my baby.

Ectopic pregnancies are the leading cause of maternal death
in the first trimester. According to the UK’s (I couldn’t find
any statistics in the US) health site 1 in 80-90 women have an
ectopic pregnancy in their lifetime. 4 out of 7 of the women
I know (including me) have had ectopic pregnancies. I wish
there was a way to show our government, our doctors, that
our lives matter.

Erika - State College, PA

My first child had a hematoma from being stuck in the birth
Canal. I had low milk supply, chronic thrush (4-5 months),
and he had latching problems requiring an occupational
therapist. I had to have a D&C 8 weeks after birth to stop
bleeding. My second child required a C-section because his
shoulders were too wide in relation to his head. I have had
multiple health complications related to pregnancy and giv-
ing birth in that it greatly exacerbated my existing chronic
health problems.

SOUTH CAROLINA

Lauren - Flore, SC

I was pregnant with my son last year and everything had
been relatively normal, although I had hypertension that
went untreated and an abnormal GTT (my 3-hour GTT was
normal). I had not gone into labor by my due date but was
told we would “keep going” to avoid a possible c-section
with an induction. The next week I went in for my 41 week
appointment. My OB was at a delivery so they sent me to
ultrasound first. The ultrasound tech didn’t tell us anything
was wrong, but I could see her writing something down and
she seemed distracted when talking to me and my husband.

We went in to see the OB and he checked my cervix then told
me that the ultrasound showed that our son’s heart was en-
larged so we would be going immediately to see the pediat-
cric cardiologist. We went to see him, and he told us that his
heart was indeed enlarged, but it looked like it was because
his ductus arteriosus closes early, and it should “be okay” af-
ter he was delivered. He recommended a c-section, but my
OB said he would rather start inducing the next morning (this
was around 5pm... I assume he made this decision because
he was getting off for the week after my appointment). We
were admitted that night and my OB came in to start a Foley
catheter induction with plans of pitocin starting the next
morning. Everything was going fine but within a few hours
my baby was having late decels in his heart rate.

They called in ultrasound to do a biophysical profile on my
baby (I thought it was just a routine ultrasound or something
to do with his heart). He scored extremely low (something I
didn’t find out until after discharge), and I was informed that
I would be going in for an immediate c-section because my
baby wasn’t “breathing or moving.” I was preppe for my c-
section and taken in. I have never been so terrified in my life,
and I had no time to process anything that was happening. I
was shaking so badly that I couldn’t speak clearly. Thankfully I calmed down some after my husband was allowed in. My son was born through meconium, and had an APGAR score of 2 at birth. He was limp, purple, and had to be resuscitated. I was told later that he aspirated meconium. He was then rushed to the NICU before I could see him. It was 48 more hours before I held him for the first time. He was on CPAP due to his meconium aspiration syndrome, and it was another two weeks before he was fully weaned off of oxygen and able to come home.

The whole experience was traumatic for us, and coming home without him was miserable. We were so thankful that we did get to bring him home, since many mothers don’t, and other NICU moms have to wait much longer. We were also thankful for Medicaid; since I was in nursing school at the time, I could not work very much at all, much less afford health insurance. Medicaid covered my delivery and my son’s NICU stay, which was the biggest relief.

Sarah - Mount Pleasant, SC

I had a difficult pregnancy in the sense that I was sick all the time – I lost 40 lbs from the sheer lack of appetite and frequent vomiting, though the baby was always healthy and on track with her growth. I was 35 weeks pregnant and that Friday, I realized that I hadn’t felt her kick or move as much as she normally did. I initially chalked it up to my own fatigue but throughout a restless night, I did what I could to try and get her to move. I ate/drank something, switched sides, etc. She still hadn’t moved so I called the on-call doctor who told me to go to the hospital and they would put me on a monitor.

I’m a single mom and I drove myself there, trying not to panic and hoping I was just being paranoid. I got to the hospital and up to L&D – my sisters arrived for support and thankfully the doctor found a heartbeat, though they noticed decels. They kept me in triage, as it happened more than once and then said they were going to admit me for observation. My sisters had to run out so it was just me, and the monitor showed some minor contractions as well as decels. Shortly after my younger sister returned, the on-call doctor came in and told me I needed a c-section ASAP as my daughter’s heartbeat was showing distress and she wasn’t tolerating the minor contractions I was having.

Within 30 minutes I was prepped and on the table – scared out of my mind as she was early. Her APGAR was 3 initially but went up to 8. She is a fairly healthy almost 2-year-old now but has had some motor delays and feeding issues so has received PT and OT. The thing I always come back to is: a couple of months before my daughter was born, a friend of mine from school had posted in FB about her daughter who was stillborn at 38 weeks. She hadn’t felt her move in a while but thought she was just being anxious. Her story would not get out of my head and I probably called my doctor earlier than I might have if I hadn’t heard about the terrible loss this friend had experienced. Also, as a single parent, the lack of

paid leave was a huge source of stress for me. Though I was fortunate to have FMLA, all but about 3 weeks of the 10 I took were unpaid. The extra expenses of my daughter’s therapies, foot braces, and general costs worry me constantly and I have to use significant leave when she is sick as there is more often no one else who can watch her. I am very privileged in many ways, with a good job and family nearby, but it is always on my mind.

TENNESSEE

Pamela - Afton, TN

I was pregnant with my third child, the previous two came at 37 weeks via c-section due to complications. I went to the hospital with contractions and was told that due to insurance purposes I had to wait another week because it was no longer an option to take a baby at 37 weeks even though my OB had reservations about sending me home. I felt that I wasn’t going to make it to the 38 weeks, I went home and the next day my baby ripped out of my previous c-section scar. If I would have waited one more hour to go to the hospital my OB said we both would have hemorrhaged and died. This could have been prevented if the doctor would have been able to do his job the day before, because of this I was kept in the hospital an extra day and had a much longer recovery time. One positive thing came out of my experience though, my OB said he would always go with his gut feeling after dealing with that no matter what insurance companies say and try to block.

Barb - Knoxville, TN

I am a mom to five children, former nurse and midwifery assistant, now doula agency owner and I have birthed by Cesarean three times. My third child flipped breech under midwifery care at 38 weeks and was successfully verted by an obstetrician within two days of her turning. She then was a persistent posterior baby that I could not get out, period, and cesarean was a welcome relief at that point. That said, the staff that received me as a birth center transfer were deplorable – and though I was completely dilated Saturday evening by 8pm I had to wait until Sunday until after 1pm for the physician to go to church and make his way in to perform our birth surgery.

y fourth baby was an attempt to VBAC with midwives and again no baby at complete dilation – he died before the small town surgical team could make it in and perform the surgery. My fifth child was obviously a scheduled Cesarean birth as no on would now touch me with a ten foot pole. It was a fast and violent affair and I was also left with retained placental fragments after this last birth. The office staff whom I phoned with my complaints disregarded me as being over dramatic about the cramping I was experiencing. I have done my work, enlisted skilled mentors and dropped much of the baggage I gained with these births– I never had that excited, tear filled moment meeting my children that I so diligently holdSpace
“My sons are alive today because of my access to insurance and the medical care that insurance allowed me to obtain. If we truly value life, then everyone deserves that chance.”

- Stephanie, Chesapeake, VA

for when I am working with my FreeSpirit Birth clients. This work I mention is not easy and it’s also inaccessible to most women – I happened to be wise enough and cared for enough that my tribe was there and is there still to help me prepare for my Return. So yes, I had very negative experiences. And the life lessons were not lost on me such that women who birth by cesarean in my presence do not suffer the same consequence.

TEXAS
Laura - Austin, TX

I got pregnant on purpose. My husband and I had decided to have a child and he had insurance through his workplace. I have had low blood pressure my whole life. Before getting pregnant I had researched what could go wrong when a woman is pregnant and I saw Preeclampsia could happen but figured it happened to women that had high blood pressure normally – not me. I did not know it was from a reaction to the man’s biology who got you pregnant. I was almost 8 months pregnant when I woke up one morning with spots in my vision. I felt fear, I had a neighbor drive me to the Doctor’s office. I had Pre-eclampsia and was admitted to the hospital.

Long story short, I had to have a C-section within 2 days because my blood pressure would not lower by laying on my left side as some women’s do. I had high blood pressure for many weeks after and had to heal from the C-section. I had thought going into all this I would have a natural birth and no complications. I was wrong. I was a very healthy, average weight female and I assumed too much. Complications come from nowhere and to women like me. I also had very scary hallucinations and a bad emotional relationship with my Ob/Gyn. I am so happy I gave birth to my son who turned 17 years old this week, but sometimes birth gets complicated and women deserve good healthcare to do the important job of procreating.

Sarah - Houston, TX

I am an older mom and had my daughter by c-section at age 43. This was 17 years ago. The anesthesiologist did not administer the spinal correctly so I experienced terrible head-aches after my daughter was delivered. I believe that if I had not had headaches every time I lifted my head, I would have gotten up and moved around a lot more, though this is conjecture on my part, which may have prevented what occurred later. However it was, I had a blood clot resulting in a stroke. At first the emergency room sent me home, but when the same symptoms recurred (numbness on one side), I did get treated properly, partly because my primary care physician (a woman) would not let them release me. I consider myself lucky that it wasn’t worse.

It was terrible to be away from my daughter. The nurses eventually helped me pump and after several weeks and the help of a lactation consultant that we paid, I re-establish my milk supply, but it took time. If I had not had the resources to do this I do not think I could have nursed her. Now I know that hospitals have more lactation consultants to help but I never saw one in the hospital – I think because I was in the cardiology wing. I learned that your blood thickens when you are pregnant and that strokes are not uncommon, but I never knew that before and certainly was not on the lookout for any symptoms.

VERMONT
Janice - Shaftsbury, VT

Had a “scheduled” emergency C-section for my younger daughter’s birth after a vaginal birth for our older daughter. Was told the baby’s position was breached. Had the C-section and wound up back in the hospital 10 days later with a clot in my leg. Hospitalized for 10 days. Because I was nursing, had to be on heparin injections for three months following. Thankfully my mom had moved up near us and was a nurse so could help my husband out on the home front. Leg has given me issues ever since including painful varicose veins which at age 65 were surgically removed. Compared with my other leg, not very pretty with lots of spider veins around my foot especially. I keep it covered up in summer. Always wondered if was a “scheduled” emergency C-section because the baby’s due date was Christmas so scheduling it for the 22nd of December gave the doctor a guaranteed holiday off.

VIRGINIA
Stephanie - Chesapeake, VA

When I was pregnant with my first child, I was diagnosed with gestational diabetes. This required twice weekly check-ins with a diabetic nurse counselor, constant insulin adjustments, visits with an endocrinologist, visits with a perinatologist, and additional ultrasounds, nonstress tests, and bloodwork to check for complications associated with gestational diabetes. While many babies of diabetics are born large, which carries its own risks, my son stopped growing in the womb. My placenta began to deteriorate early, my amniotic fluid was low, and my son was delivered unexpectedly.
at 36 weeks by emergency c-section after a nonstress test and ultrasound revealed that he was struggling. That was the scariest day of my life. In the end, Hollis was fine. He was only 5 pounds, 3 ounces when we brought him home, but he was alive.

Today my 12 year old is a happy, healthy boy who runs track, plays baseball, and loves being a percussionist in his middle school band. But Hollis is here with us only because I had insurance and access to excellent medical care. When my husband and I sat down to figure out how much all of those tests, doctor visits, and my emergency c-section cost, we were shocked. We both had good paying, professional jobs, but we could never have played the $60,000 in care that saved my son’s life. It would have bankrupt us. We now have 3 sons and I received excellent prenatal care during each of their pregnancies. As a diabetic, that care was essential to save their lives and mine.

I shudder to think what could have happened if my husband and I had found ourselves trying to obtain insurance through the individual market under the rules in place prior to Obamacare. There isn’t an insurance company that would touch me or my sons with a 10 foot pole because of my pre-existing condition. My sons are alive today because of my access to insurance and the medical care that insurance allowed me to obtain. If we truly value life, then everyone deserves that chance.

Sinsi - Springfield, VA

My pregnancy/birth story was rife with mistreatment and complications, despite having great insurance, being highly educated and having extensive experience with healthcare, including working in my father’s medical office. As a woman with multiple chronic conditions, before even trying to get pregnant I consulted with a high risk maternal fetal medicine (MFM) specialist so we had a plan. When I got pregnant I went to an OB practice that my MFM recommended. But things really went downhill. I had serious issues with migraines and vomiting that landed me in the ER multiple times, yet the OB refused to contact my neurologist to discuss options.

Eventually my OB FIRED ME because I was requesting an unreasonably high level of care they could not provide. Suddenly I was a very sick high risk pregnant woman with no doctor. Eventually, I found a great OB but continued to have problems. Severe headaches, low amniotic fluid, gestational diabetes, and my pubic symphysis separation which was extraordinarily painful. The pain management doctor wanted to put me on daily Vicodin and worry about detoxing you and the baby later. Eventually I ended up with preeclampsia and my MFM sent me to the hospital to deliver, but the resident sent me home despite high blood pressure, nausea and a terrible headache.

The next day my MFM called and was horrified that I was home, sent me back to the hospital and called my blood pressure expert. He came in person that night to dress down the hospital staff and give specific instructions. An induction was attempted that failed and eventually I had a Caesarean section which seemed to go OK, and my son was born perfectly healthy. But I started running a fever and was treated for a supposed UTI. Four days later, my fever hadn’t been gone for even 24 hours and I was sent home.

Within hours I was spiking a fever, unable to stand, and back in the ER. It turned out I had a massive incision infection. My incision opened and blood started pouring out. I had to have 2 more surgeries after the Caesarean—including an active vacuum in the incision which was excruciating. I was in the hospital a total of 16 days and can barely remember anything but pain. The recovery at home took a very long time. And when I saw the doctor for the follow up, and I asked what happened, he joked it must have been the dirt I sprinkled on your incision.

WASHINGTON

Laura - Seattle, WA

I had a csection because my labor was induced which led to hyper contractions and fetal distress. I had placenta previa with bleeding episodes, so was very scared we would lose the baby. The hospital staff was great but I do feel that I could have waited in the hospital to see if labor started naturally (I was at term) but this was never offered and induction was suggested. The negative result to my daughter was that she had a terrible time breastfeeding, which led to poor weight gain, multiple episodes of mastitis, and two months of thrush.

In short, we were miserable, stressed and didn’t sleep more than a few hours at a time the entire time I was on maternity leave. I didn’t have adequate support to know that we needed to supplement much earlier, either. Appropriate care in the hospital may have avoided this. I was fortunate to have a VBAC for my second delivery, at the same hospital, so I appreciate that. Many hospitals don’t allow that, even when the prior c-section was related to a specific condition with that pregnancy.

I had zero breast feeding issues with my second baby. I appreciate that both of my daughters are healthy and had good prenatal care, but feel that my doctors and caregivers did not give me adequate information to make an informed choice about a c-section.

Lisa - Newcastle, WA

My first pregnancy was picture perfect, until I went into labor at 24w5d. No explanation, but I ended up having an emergency c-section as my baby boy was breach and I was in the final throes of labor when I got to my doctor. He needed to
“Fortunately my nurse stepped in and told the doctor they were going to give me more time, and she held my face, looked me in the eyes and told me, ‘You are fine. Your baby is fine. Let’s start pushing.’ I’m forever grateful to that nurse for stepping in when she did and advocating for me and my baby. Less than 2 minutes later, my daughter was born via VBAC with no complications.”

– Lauren, Seattle, WA

be intubated, but the physicians were unable to make that happen. So he received 3 shots of epinephrine to attempt to keep his heart beating. I was under anesthesia when he was born as the epidural didn’t work quick enough and I could feel them cutting me open. The doctors tried so hard, and all seemed fine in the initial minutes of his birth. I was even congratulated, and asked his name (Korbin) which we hadn’t told anyone up to this point.

We had two short hours with him. And then constant asking if we were ready to let him go. That meant forever, of course we weren’t ready. Nobody told us we could have taken the body home to grieve losing our first child and comprehend. Or that he could have stayed in my room with me. Instead they couldn’t wait to take his body away.

On top of that trauma, I did not receive the rhogam shot which affected my second pregnancy. We dealt with RH iso-immunisation which meant that my body was trying to destroy my second boys blood cells, making him anemic in utero. This resulted in two blood transfusions (into the umbilical cord, a risky procedure that could kill him) in utero, and them preterm delivery at 33w4d as he needed two more blood transfusions and it was safer at this point to do them on the outside. He spent a month in the nicu, which was awful after having lost our first son. Birth, in a nutshell, has been a traumatic experience.

Christina - Pasco WA

After being able to deliver both of my daughter’s vaginally I had to have a cesarean section with my son. Although it was medically necessary I still felt pressured. As a cancer survivor of 6 years it was due to cervical cancer which had spread to my uterus while I was pregnant that was the main reason my doctors pushed for a c-section. Right before my son was born I found out he was breach. Another reason doctors pushed for a c-section.

I felt like my concerns were not being addressed. I was told multiple times they were the professional’s and that they knew what was necessary given my medical issues. Once my son was born I was treated like my pain, concerns and questions were nothing more than an annoyance to the nurses and doctors. A month after my son’s birth I had to undergo another surgery. I was told that a full hysterectomy was necessary.

It wasn’t until after that surgery that I found out I had been lied to. The cesarean section and the hysterectomy were not necessary. They just wanted more money. I felt used not to mention neither the Doctors or nurses would even listen to my concerns about postpartum depression. I went to a new obgyn and finally got the help of been asking for 2 years later. She is still my doctor and helped me through a really bad time in my life. We need more doctors like her who listen to the mother rather than sweep it under the rug.

Lauren - Seattle, WA

With the birth of my first born, I didn’t know what I didn’t know going into labor and delivery. Things started out normally and were progressing well. But following heart rate drops and only being able to push every-other contraction, my baby wasn’t descending far enough into the birth canal over several hours of pushing.

After 2 failed attempts with the vacuum, the doctor (who was the doctor on call, not my normal doctor) called for a c-section. There didn’t seem to be another safe option and our first priority was the safety of the baby and myself. In retrospect I do wonder if there could have been other interventions that could have changed the course of the labor and delivery. With my second child, I was trying for a VBAC to avoid a c-section. I had good odds given the details of my previous birth and my health.

My labor progressed quickly and by the time I arrived at the hospital, I was fully dilated. Almost immediately, the on-call OB-GYN came in and warned me that a c-section might be imminent. Both my husband and were confused and alarmed to hear that given there had been no signs of disruption of normal labor.

Fortunately my nurse stepped in and told the doctor they were going to give me more time, and she held my face, looked me in the eyes and told me, “You are fine. Your baby is fine. Let’s start pushing.” I’m forever grateful to that nurse for stepping in when she did and advocating for me and my baby. Less than 2 minutes later, my daughter was born via VBAC with no complications.
Hollie - Spokane, WA

In 2003, I needed emergency c-section when it was clear my son was not going to fit through my birth canal, in 2005 I was rushed to the hospital in a snowstorm in the middle of the night with broken waters a month early, and my newborn was on oxygen for a month until his actual due date, in 2007 I suffered a miscarriage of twins 12 weeks in and bled out, fainted at home and broke my ankle, so an ambulance took me to the local emergency room and I stayed in the hospital for days and had half of my blood restored via transfusions.

In 2008, I was put in bed rest at 3 1/2 mos. at home due to a placenta Previa, on my second bleed I was transferred to the hospital where I spent a month on bed rest and was treated for gestational diabetes, and then upon my third bleed was transferred by ambulance to another hospital in the middle of the night for my ob to do an emergency c section, my son was born 6 weeks early and was in the nicu for two weeks until we took him home.

Had we not had employee insurance we would have been bankrupted each and every time. As it is, we pay quite a bit each month but also have affordable deductibles, copay and doable payments for services along with inexpensive (relatively) ambulance and hospital stay bills. I didn’t work at any formal jobs during these young years of my children and we have relied on my husbands health care coverage as a teacher. We struggle to pay bills, debt and daily items, but are grateful. I owe my three sons lives and mine to access to quality healthcare.

WISCONSIN

Jody - Madison, WI

I had preterm labor with both of my pregnancies. The first episode with my first pregnancy was at 5 months, which improved with IV fluids. The second episode was at 32 weeks and I had to be hospitalized and receive several liters of fluids then several types of meds to get the labor to stop. I was on bed rest and medicaton for the rest of my pregnancy. As soon as I went off of the medication I went into labor and my water broke (at 37 weeks as my doctor recommended).

My daughter ended up having sensory integrative dysfunction related to a dairy allergy, and allergies to vaccinations, culminating in an encephalitis like reaction and lymphadenopathy, the latter of which she has suffered with to this day (she is now 22). My second pregnancy also resulted in preterm labor, partial bed rest and medication. After the emergency C-section birth I developed autoimmune disease which went undiagnosed for 3 years due to several local doctors being unable to diagnose or help me when I asked for help until I found a doctor 2 hours away who specialized in unusual allergies.

“I was unable to walk more than 1/2 block without lying down for several minutes, although I had been able to walk for an hour at a good pace prior to the birth (after I was allowed to walk again). I could hardly think or function even though I had to go back to work, until I was put on anti-fungals and thyroid medication and changed my diet to gluten and dairy free. My second daughter ended up with celiac disease and a dairy allergy.

Kristen - Stoughton, WI

I carried twins for 29 weeks when I started getting extreme headaches. Went to the dr and they immediately sent me to the hospital with high blood pressure - I had Pre-eclampsia. They did everything the could to bring my blood pressure down and keep the babies in for as long as possible but I only made it 3 days before having an emergency C-section.

The kids were born at 3lbs at 29.5 weeks gestation. They spent 8 weeks in the NICU. If I didn’t have insurance, the bill would have been close to $1 Million. I got the first bill for 1 week, before the insurance kicked in, and it was $100,000. Insurance covered it, but it was eye opening.

We are very lucky that the kids turned out healthy with no severe issues but it was a long 8 weeks and I couldn’t be more grateful for the care they received from nurses, specialists, Doctors, etc.

“Had we not had employee insurance we would have been bankrupted each and every time... We struggle to pay bills, debt and daily items, but are grateful. I owe my three sons lives and mine to access to quality healthcare.”

– Hollie, Spokane, WA
American women are more likely to die from pregnancy-related complications than women in other countries, including the United Kingdom, Libya and Kazakhstan.

In fact, the U.S. has the worst maternal death record in the developed world.

American women are dying from pregnancy-related causes today than in the past 20 years.

"As a Black woman, I knew the numbers were especially dire for me. I knew that factors that usually reduce pregnancy and labor risks (under 35 yrs old, high education, high income, diligent prenatal care) would not be enough to counteract the dangers of my race."

- Lashonda, Freeport, NY

Sources:
**AMERICAN WOMEN ARE THREE TIMES MORE LIKELY TO DIE** than their counterparts in the United Kingdom and Canada, and about eight times more likely than women in the Netherlands, Norway, and Sweden.

*Source: Vox*

**ONE REASON FOR BRITAIN’S LOW FIGURE IS MANADATORY REVIEW OF EVERY MATERNAL, NEWBIRTH AND INFANT DEATH TO LOOK FOR IMPROVEMENTS.**

*Source [4]*

The U.S. doesn’t collect consistent data about how, when, and where women are dying – which means that we can’t target fixing this growing problem in our nation.

**“It was discovered that my previous doctor failed to remove a quarter size piece of placenta and that some of my lacerations were repaired incorrectly.”**

– Karisa, Universal City, TX

**BLACK WOMEN IN THE U.S. ARE 243 PERCENT MORE LIKELY TO DIE FROM PREGNANCY RELATED CAUSES THAN WHITE WOMEN**

This is independent of parity, age or education. It produces one of the largest racial disparities in women’s health.

*Source: ProPublica*

**ON AVERAGE, BLACK WOMEN WITH HIGHER INCOMES & COLLEGE EDUCATIONS HAVE WORSE HEALTH THAN WHITE WOMEN WHO HAVE NOT GRADUATED FROM HIGH SCHOOL**

*Source [6]*

**BLACK**

**AVERAGE**

**WHITE**

**U.S. MATERNAL DEATH RATE PER 100,000 LIVE BIRTHS**

**MATERNAL DEATH IN THE U.S. ARE ON THE RISE**

Maternal mortality ratio (number of maternal deaths per 100,000 live births.

**AMERICAN WOMEN ARE MORE THAN 3 TIMES MORE LIKELY TO DIE DURING THE MATERNAL PERIOD THAN CANADIAN WOMEN**

Kyira Dixon Johnson’s story is one of the thousands, if not millions, of black mothers who have died because of the history of an inadequate health care system in this country. She is one of too many black mothers who have died due to this country’s legacy of structural racism.

Kyira Johnson, affectionately called Kira by family and friends, died of hemorrhagic shock after enduring 10 hours of internal bleeding after giving birth to her son Langston at Cedars Sinai Hospital in Los Angeles April 12, 2016. When the news of Kyira’s death broke, it was devastating for her family, community and all of us who are concerned about the state of black people in this country and the world.

When we sound the call Black Lives Matter, we mean every black life everywhere. Our call must center and demand justice for the rising rates of black maternal mortality in the United States. Too many black mothers’ lives are on the line throughout our pregnancies and in childbirth.

Kyira Johnson’s death was preventable. Not only her death, but the manner in which she died, exposes the horrific state of the U.S. health care system, especially for black women and mothers. Each year, more than 12,000 women die due to preventable causes related to childbirth and pregnancy.

Black women are between three and four times more likely to die from pregnancy-related issues than white woman. Studies have shown that these rates persist even when black and white woman share the same socioeconomic status. Statistics for black women in the U.S. South are worse across the board given the legacy of state governments’ reluctance to guarantee basic health care services and reproductive rights.

As a black mother, I am acutely aware of the dangers associated with black women’s health care in this country. My experience after giving birth, notably after a cesarean section, came with its own set of complications, from pneumonia to the threat of blood clots, that I was not informed about nor prepared for.

I am alarmed by the abysmal standards our health care system provides our black women and mothers. It’s clear that while some of us survive childbirth, many of us have died, and many of our black mothers will continue to die at the hands of medical neglect if we do not demand change.

It’s critical that the health care crisis black communities face in the United States be labeled and understood as an international human rights crisis. In the same ways we demand justice in light of police brutality, we demand justice for this form of state violence against black bodies, and especially black mothers.

It’s necessary to take concrete steps to improve our health care system and guarantee our right to healthy birthing options.

The facts leading up to Johnson’s death expose clear negligence on behalf of hospital staff as they insufficiently addressed her bleeding body, pale state and visible unwellness. Johnson’s family have been forever denied her love, care and support, and Johnson, herself, was deprived of a life with dignity and the right to raise her children.

Stand with us as we call on the U.S. Congress to sign into law, S.3363, The Maternal Care Access and Reducing Emergencies (CARE) Act, which directly addresses the racial disparities driving our nation’s high maternal mortality and morbidity rates, and S.3392, the Modernizing Obstetric Medicine Standards (MOMs) Act, which provides new funding to hospitals with obstetrics and gynecology practices that want to improve their response to pregnancy-related and pregnancy-associated complications.

Our concerns are also addressed to the Department of Health and California Legislature. We demand statewide universal maternal-risk screenings in collaboration with providers and advocates, patient-safety bundles at birthing sites in every hospital, and that all hospitals provide maternity services complete with a set of educational activities related to obstetric hemorrhage.

We also firmly stand with Johnson’s family in their call for an investigation into Cedars-Sinai Medical Center.

Black women and mothers deserve better. We deserve higher standards in the health care we have access to and receive, and we must work together to ensure that black mothers and mothers everywhere don’t risk our lives giving life.

Originally posted on The Root.com, with updates to legislation.
Kyira Dixon Johnson was excited to give birth to her second son, she was in good health with no pre-existing conditions. On April 12, 2016 at 12:30pm at Cedars-Sinai Medical Center in Los Angeles, CA, she delivered a healthy baby boy and spent the next two few hours bonding with her new baby. Within 24 hours, however, Kyira would lose her life. The complications following the delivery of her son were preventable.

Women in the United States are dying from pregnancy-related complications at a higher rate than women in 47 other countries. This alarming fact must be addressed; pregnancy must become safe.

In March 2017, a bipartisan group of members of Congress introduced the Preventing Maternal Deaths Act of 2017 to support states in identifying the root causes of maternal death and severe morbidity.

To move the bill forward, we urgently need your help. Members of Congress need to hear from you and your family to understand why it is necessary to identify proactive solutions to ensure no more moms or babies die from complications of pregnancy.

In California, Kyira’s tragic story is unfortunately part of a greater systemic problem. In the past 5 decades, Black women have consistently experienced an almost 4-times greater risk of death from pregnancy complications than White women. This increased risk is independent of age, parity, or education. While maternal deaths across the country are on the rise, with California being the only state that did not see an increase in maternal deaths, there are still troubling racial disparities in the state when comes to birth outcomes. In fact Black women in California are 400% as likely to die in childbirth as White women.

Taken as a community, African-American women in California have a maternal mortality risk comparable to rates in Kazakhstan and Syria, according to World Health Organization data.

Kyira and her husband moved to Los Angeles to receive care and deliver their 2nd child at Cedar Sinai. Kyira was given a c-section. During her c-section her bladder was lacerated. Although Kyira’s husband Charles alerted the doctor’s to check on her. Ten hours later Kyira was rushed into emergency surgery and immediately coded on the O.R. table. “We’re talking about a woman that’s not just in good health, we’re talking about a woman that was in exceptional health. No pre-existing conditions,” he said. “The troubling part, and the thing I want to call attention to – she was allowed to suffer and bleed internally for more than 10 hours while myself, my family, begged for the staff to take action.” said her husband, Charles Johnson IV.

Can you imagine going through what Kyira’s family had to go through? No family should have to. Like so many others who welcome a new baby into their lives, they expected to leave the hospital with a new addition to their family. Instead, they have to live with the reality that Kyira will never come home, and her children will unnecessarily grow up without their mother.

Kyira’s death, like so many other maternal deaths, was preventable. Kyira did not have to die; her sons did not have to lose their mom. We must support her family by calling on the CA Department of Health to investigate Cedars-Sinai Medical Center in Los Angeles, CA for her death and for Congress to pass the Preventing Maternal Deaths Act of 2017.

Stand with the family of Kyira and mothers and families in your state by pushing legislators to sign stronger maternal health protocols and recommendations into law.

Let’s hold our institutions accountable and ensure that no other families have experience the tragedy that Kyira’s and too many other families have had to face.

Mothers should not die giving birth.
We need lawmakers on every level of government to step up.

By Beatriz Beckford
Campaign Director
MomsRising.org
Have you heard the good news? Because of your actions, we achieved a big WIN for maternal health!

This week Congress passed the Preventing Maternal Deaths Act, and right before the holidays, it was signed into law by the President. This is an incredible, powerful and groundbreaking win for pregnant women and moms throughout our country. And it happened because of our incredible MomsRising members.

Every year in this country, 700 - 900 women die from pregnancy or childbirth-related causes, and some 65,000 suffer severe complications. Black women are three to four times more likely to die from pregnancy complications than white women, independent of age, parity or education. The Centers for Disease Control and Prevention estimates that 60 percent of maternal deaths in this country are preventable. And, according to the World Health Organization, we are the ONLY industrialized nation in the world where maternal deaths are rising, not falling.

The Preventing Maternal Deaths Act was introduced in 2017 to improve these troubling statistics. One of the biggest barriers to maternal health was that there was no uniform way to collect data nationally about why our moms are dying so that we could do something about it. Some states had data, while others did not, and in the meanwhile, pregnant women were dying from preventative causes.

Enter this bill, which establishes a program to help states review maternal deaths, establishes and sustains a maternal mortality review committee, supports a plan to educate health care providers to improve maternal care, and improves information collection on maternal deaths and provides for public disclosure of this information. It offers hope for addressing the factors that lead to the deaths of so many Black mothers and the stubborn racial disparities that continue to plague our healthcare system.

In short, it’s a very good bill – and it passed!!!

It’s not an accident that it passed. In fact, this legislation would not have passed without YOU, your support, your actions, and your stories. Your voice is powerful and you were heard. Hundreds of you submitted stories from almost every state for our Maternal Health Storybook, tens of thousands of you signed petitions, made calls, attended meetings, joined us in our monthly #MaternalJustice Twitter chats and so much more. You called your electeds this past July when this bill went to the Energy & Commerce committee in the House, and with your support, we were able to amplify our testimony to the committee for this bill. In fact, just last week when the bill was being considered in the House and Senate, our members made 573 calls to urge their members of Congress to pass this. We also drove the point of prioritizing the lives of pregnant women and moms by delivering your stories and 19,000+ signatures to Congress. They took action because you raised your voice and made sure you were heard!

The power of the movement for maternal health is truly in the power of these stories, from the strength of Charles Johnson in never backing down from sharing the tragedy of his wife Kyira Dixon Johnson’s preventable maternal death in 2016, to our own Patrisse Khan-Cullors sharing her powerful birth story, to the hard work and dedication of birth workers and activists like Anaya Sangodele-Ayoka, these narratives were crucial in successfully pushing a bipartisan bill to become law.

We were also able to uplift the need to prioritize maternal health, especially the disparities Black women face through media hits. MomRising Senior VP , Monifa Bandele and Senior Fellow Patrisse Khan-Cullors were interviewed in various news outlets such as NBC News, The Washington Post, Essence and Vox, among others.

As we move forward in 2019, we know that this victory is the first step toward the progress we need to see to save the lives of pregnant women and moms. There has been legislation introduced which directly addresses the racism that is killing Black mamas. If you haven’t already please make sure to sign here to show your support of the Maternal Care Access and Reducing Emergencies (CARE) Act (S.3363) and the Modernizing Obstetric Medicine Standards (MOMS) Act (S.3392).
MomsRising.org is an online and on-the-ground grassroots organization of more than a million people who are working to achieve economic security for all families in the United States.

MomsRising is working for paid family leave, flexible work options, affordable childcare, and for an end to the wage and hiring discrimination which penalizes so many others. MomsRising also advocates for better childhood nutrition, health care for all, toxic-free environments, and breastfeeding rights so that all children can have a healthy start.

Established in 2006, MomsRising and its members are organizing and speaking out to improve public policy and to change the national dialogue on issues that are critically important to America’s families. In 2013, Forbes.com named MomsRising's web site as one of the Top 100 Websites For Women for the fourth year in a row and Working Mother magazine included MomsRising on its “Best of the Net” list.

To learn more about our stories or to speak to our staff, please contact: beatriz@momsrising.org