

William D. Grant, EdD
Feature Editor

Editor's Note: Submissions to this column may be in the form of papers, essays, poetry, or other similar forms. Editorial assistance will be provided to develop early concepts or drafts. If you have a potential submission or idea, or if you would like reactions to a document in progress, contact the series editor directly: William D. Grant, EdD, SUNY Upstate Medical University, Department of Family Medicine, 475 Irving Avenue, Suite 200, Syracuse, NY 13210. 315-464-6997. Fax: 315-464-6982. grantw@upstate.edu.

Learning From an Amish Birth

Emily Kroening; Therese Zink, MD, MPH

This event occurred during a 9-month rural immersion experience in the Rural Physician Associate Program (RPAP) at the University of Minnesota.

Finally the day was done; I'd been up 36 hours and could not bear the thought of doing one more thing—my cell phone bleated. Rita, the midwife said, "One of the Amish families is in labor at home. They usually go quickly."

Twilight yielded to darkness, as we followed the four-lane asphalt road through town, merged to two-lane blacktop, then twisted through a network of gravel roads. The night was inky black—no moon, no stars, only the occasional spotlight at an "English" farm. The agreement between the Amish community and the clinic was that if an Amish woman would come into the clinic for an initial prenatal visit, then she received home visits from the midwives for the duration of her pregnancy and could deliver at home as long as there were no complications. Women who had several children often had an Amish lay midwife handle the delivery. "But we are the couple's quick transportation to the hospital if something goes wrong."

(Fam Med 2008;40(2):91-2.)

From the Department of Family and Community Medicine, University of Minnesota.

Rita turned into a farm, and the van's headlights outlined a small frame house. A lantern's golden glow lit the front window of the house. "Watch your step," Rita warned. I stepped cautiously over frozen piles of horse manure and jagged ruts in the driveway as we unloaded the van, stacking our tubs on the front porch. We wiped our feet on a small door mat and entered the kitchen. The house smelled like supper, something with tomatoes and onions. A wood stove, with a pile of logs near by, radiated a toasty warmth. Rita introduced me to Ann, who labored in the rocking chair next to the stove. She wore a white linen gown, the typical undergarment, and a white bonnet, a kapp. Her mother was busy drawing water for tea from the pump that protruded from the corner of the cement kitchen floor. Edward, their 1-year-old son, hid among the folds of his grandmother's traditional blue dress.

Rita and I accompanied Ann into the adjoining bedroom. A double bed with a rough wooden headboard, an oak dresser with an oil lamp, and the baby crib were tucked into the small space. Herman, Ann's husband, had built the crib for the birth of Edward.

After finishing checking her vitals, I helped Ann stretch out on the bed. Her uterus tightened with a contraction. Rita reassured Ann that her contractions were good.

We listened for the familiar *dlup*, *dlup*, *dlup* of the baby's heart beat, a rate of 140, perfect. I gloved my hand and checked Ann's cervix. It was open to 3 centimeters, and the length had thinned half way. This would be a long night, but the novelty held my weariness at bay.

Rita handed me an alarm clock with a large face and metal ringer on the top and told me to set the alarm every 15 minutes, the interval for checking the baby's heart beat. The key in the back grated as I wound it. Its soft ticking faded into the background as we set up our theater: baby pack, instrument pack, sterile gloves, oxygen—just in case. We lay a plastic sheet over the mattress, letting it drape to the floor and covered it with towels.

We settled into routine. Grandmother entertained Edward and busied herself around the kitchen where Herman rested in the rocker near the stove, and Rita sat nearby in another straight-back chair. In between contractions Ann and I talked about our lives. We were the same age—24. Ann took off her kapp and pulled pins from her coiled hair, releasing long blonde curls undulating to her mid-back, much like my own. Although they spoke German at home, Ann's English had only the hint of an accent. Born down the road, she attended classes through eighth grade. Then she worked for a neighboring family as a helper, caring for children and

assisting with household chores. "Are you married?" she asked me.

I shook my head. "Right now my focus is to get through medical school," I responded. Then maybe I would have time to think about having a family.

The metallic bell of the alarm clock interrupted our conversation. Rita peered in while I listened for the baby's heartbeat. It continued to be strong. With an intense contraction, Ann moved onto her hands and knees. Laboring quietly and moaning occasionally, she did not ask for pain meds. After each contraction, I wiped her forehead with a washcloth, then massaged her boney shoulders, ropey biceps, and firm back. She was smaller than me, probably stronger as well, from physical labor. She talked of doing laundry in tubs by hand and tending the garden. My world was suspended as I shared these intimate moments with her. Her world—set apart from my 21st-century life of e-mail, iPods, and cell phones. Only the metronome-like click of the clock and the periodic chime of the bell marked time.

"The head is applied to the cervix. Let's break her bag of waters." Ann positioned herself over the plastic sheet and towels. After gloving, I carefully jabbed the hook through the sack. Rita noted the time on Ann's chart. Her contractions intensified and were stacked back to back; there was some bleeding. The baby's heart tones remained steady and strong. Gradually the contractions spaced out. We settled back into our routine and Rita returned to the kitchen, then carried in a ceramic basin filled with warm water. She showed me how to apply warm compresses to Ann's perineum to help to soften and stretch her skin.

Intense contractions were coming every 2 minutes now; Ann was too engrossed in the labor to talk. Rita reappeared with the sound of the alarm and instructed me to do

another cervical check. Ann was complete—the cervix fully dilated and paper thin.

"Time to push," Rita announced.

Herman came in from the kitchen and checked on his wife.

"Sit behind me like last time?" she asked.

Dressed in his dark trousers and thick socks, Herman climbed onto the bed behind Ann, creating a chair for her to lean against. She pulled hard on her knees and focused all her energy on pushing the baby out between her legs. A low-pitched moan escaped between her lips as she bore down.

After 45 minutes of pushing, the head began to emerge. Rita stood behind me as I caught the baby with my left hand and controlled the speed of the head's exit with my right. I marveled as the body miraculously turned, the top shoulder emerged perpendicular to Ann's legs. With gentle pressure, I lifted the baby's head, and the bottom shoulder popped out. The legs slid after. The body was firm and plump. Rita suctioned out the baby's nose and mouth and laid the pink infant on a towel on Ann's abdomen. "No hurry to cut the cord," Rita said.

Herman rubbed his baby with the towel and peered between its legs. "It's a boy!" he said in his deep throaty voice. Grandmother appeared at the bedroom door with a pile of blankets warmed on the stove. Edward wandered in behind her and crawled up on the bed next to his parents quietly observing the new baby. "Your brother," Herman said.

When the pulse in the cord stopped, Rita directed me to place two yellow plastic clamps on the cord, which I did and then handed Herman the scissors, directing him to cut between the clamps. I stepped back as if I had a camera capturing this intimate family moment—in the halo of the oil lamp: a mother,

father, and two sons huddled together on a bed in a one-bedroom farmhouse heated by a wooden stove during a Minnesota winter. Grandmother looked on smiling at the continuation of her lineage.

She carried her new grandson into the kitchen to clean and dress him. The ritual dress of a newborn was a cloth diaper, navy blue or dark green dress, and two more swaddling blankets.

Rita inspected and found a tear at the bottom of Ann's perineum that she instructed me to repair. She positioned Herman behind me to hold the oil lamp. At this point I had repaired half a dozen tears and felt confident in my technique, but it was a new experience to sew under the glow of an oil lamp.

When I was finished, Herman helped me move Ann, and we stretched fresh sheets on the mattress. Ann climbed back under the patchwork quilt, and Grandmother handed her the swaddled baby. Rita and I lingered for another hour: helping the baby latch on to Ann's breast, completing paperwork, checking to make sure that Ann was not bleeding. I examined the baby on the bed under Edward's wide-eyed gaze. Reluctantly, I handed the baby back to Ann, patting him one more time to say goodbye.

As we drove down the lane, the brocade sky, a composite of tangerine and watermelon streaked with silver, announced the imminent arrival of the sun. The rolling cropland was occasionally interrupted by a small stand of trees that protected a house, barn, and a family. A new day, an all-nighter, and I wasn't even tired.

Corresponding Author: Address correspondence to Dr Zink, University of Minnesota, Department of Family and Community Medicine, MMC 81, 420 Delaware Street SE, Minneapolis MN 55455. 612-625-9197. Fax: 612-624-2613. zink0003@umn.edu.