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Reclaiming Childbirth

A DES Mother and Daughter's Tale

This is a personal narrative about the author's struggles with exposure to DES (diethylstilbestrol) and subsequent decision to use natural childbirth methods when her daughter was born. Her story illustrates the power of women's decision-making in defining their own birthing experiences.

I wasn't interested in having children during the 1970s and early '80s, when I was in my twenties. Instead, I focused my attention on graduate school, traveling the world, and starting an advocacy and service organization in San Francisco for battered women and their children. I was swept up in the second wave of the women's movement and growing awareness about violence against women, and having children was the last thing on my mind.

Something changed as I approached my thirties. My spouse Jim and I began to consider the possibility of having children. In 1982, I signed up for a "Baby/Maybe" workshop designed to assist women 30 and older in examining personal, career, and lifestyle issues of both motherhood and childfree living. At the end of the third session in this four-week workshop, each participant drew a card designed to help us clarify our thinking about parenting. My card stated: "You have decided not to have a baby." We spent the week thinking about our reactions. I realized that I felt sad and disappointed about the idea I would not have children, and this helped me recognize that I wanted to become a mother and raise a child.

Several years earlier, the results of my annual Pap tests started coming back "abnormal." The lab analysis—atypical squamous cells (layers of flat, plate-like cells)—signaled a higher likelihood of developing cervical cancer. My gynecologist increased Pap tests and exams to twice a year, used a special

device called a colposcope to see and photograph the cells of my vagina and cervix in detail, and took biopsies of my cervical tissue to test further for precancerous cells. She used a procedure that involves staining the vagina and cervix with iodine to help distinguish healthy from abnormal tissue. Once, I had an endocervical curettage: the doctor scraped a sample of cells from my endocervical canal with a small spoon-shaped tool called a curette. The results of all these tests were inconclusive. There continued to be some atypical cells, but no definite signs of cancer.

My gynecologist asked if my mother had a history of cervical cancer (she did not) or had taken the synthetic estrogen drug known as DES, diethylstilbestrol, which was first manufactured in 1938. I remembered Mom telling me that she had two miscarriages between the birth of my brother and sister, who were born before me. When we checked her medical records, we discovered that her doctor had prescribed DES in the hope of avoiding further miscarriages. Mom knew little about the drug and was unaware of the possible side effects. When she learned she had taken it, she felt responsible and guilty about my DES exposure, even though she followed her doctor's advice and had no idea that the medication could harm future children.

More recent research indicates that approximately one in 1,000 (0.1 percent) of DES daughters (a term to describe daughters whose mothers used DES) are diagnosed with clear cell adenocarcinoma (CCA), a rare type of vaginal and cervical cancer (the risk is virtually non-existent among premenopausal women not exposed to DES). Clear cell adenocarcinoma of the vagina and cervix was the first health problem identified as being associated with DES exposure. DES daughters are forty times more likely to develop CCA than women who were not exposed to DES, and approximately one of every 1,000 women exposed to DES before birth (in the womb) will be diagnosed with CCA of the vagina and/or the cervix. Before doctors prescribed DES to women, clear cell adenocarcinoma of the vagina and cervix only occurred in women past childbearing age. In contrast, DES daughters have been diagnosed with CCA at as early as age eight and up to their late teens and early twenties. In addition, recent studies have indicated that some DES daughters have been diagnosed with CCA in their thirties and forties (Hatch). DES daughters are also more likely to experience infertility, pregnancy complications (ectopic pregnancy and pre-term delivery), and have physiological abnormalities with the shape and structure of their reproductive organs (About DES).

I got pregnant when I was 29. Undaunted by my irregular Pap test results, I decided to move forward and deal with medical complications if they arose. At the same time, I started reading about birthing practices and the medicalization of birthing. Suzanne Arms' hallmark book, *Immaculate Conception: A New Look at Women and Childbirth in America*, was published in 1975 and

profoundly influenced my thinking about women reclaiming their pregnancies and birthing processes, rather than allowing them to be defined and structured by what Arms described as the "birthing industry" and the medical profession. She detailed the ways in which medical professionals communicate the message that birth is a medical procedure—rather than a natural biological process, how *they* are in charge, and they know best how and when women should give birth. Arms delineated how, for pregnant women, questioning medical authority is likely to result in doctors trying to frighten them with catastrophe stories and blaming or shaming them into following current medical protocols. Arms advocated placing decision-making about the birthing process back in the hands of women and out of the purview of the medical establishment (see also the later work of Robbie Davis-Floyd).

Drawing on what I was learning, I began seeking out alternative birthing options that included non-intervention, natural birthing, and experiencing labor and birth in same room. I wanted to work with a midwife, rather than an OB/GYN, and have my baby in a birthing center. I sought an environment that would make it possible to move around and give birth in any position that was comfortable, without stirrups for my feet or fetal monitors to tie me down. I planned to give birth according to my body's rhythm and timing, not the doctor's schedule, without drugs to induce or speed up contractions. I insisted that Jim be there to support and comfort me. I didn't want bright lights or loud noises in the room, eye drops given to the baby when she was born, or nurses taking her out of the room to weigh and measure her before I could hold her and she had time to bond with me and with Jim.

Given that I was a likely candidate to encounter complications, I didn't think it was feasible to have a homebirth at our mountain cabin in Idyllwild, California, where we were living at the time. The nearest hospital was over an hour away, and local emergency medical services were not reliable. When I started looking for a birthing center and midwife in San Diego, the closest metropolitan area to my home, I encountered a series of obstacles. The staff of a natural birthing center in San Diego turned me away because of my DES history, fearing that I was more likely to develop complications. They referred me to two OB/GYNs who were willing to work with nurse midwives in hospital settings. However, the first physician refused to take me as a patient because she thought I was too high a risk to attempt natural childbirth, using a midwife. The second, a male physician, kept me waiting nearly two hours for my appointment and was offended when I objected. His superior attitude and condescension were unbearable, and I left his office in tears. Unwilling to give up, I spent dozens of hours making phone calls (this was prior to the Internet) before I found Virginia Copeland.

Virginia was a certified nurse midwife who worked with a small team of OB/

GYNs in San Diego. A warm and welcoming woman in her mid-forties, she had delivered hundreds of babies. Our first meeting was such a relief: she listened carefully to my concerns, did a thorough examination and medical history, and talked with me about her approach to birthing. Unlike the doctors with whom I had met, she didn't rush or attempt to pressure me. Virginia assured me that, despite my mother's exposure to DES and my consequent higher risk of complications, she was comfortable with and capable of working with me to deliver my baby with a minimum of medical intervention.

Jim and I attended natural childbirth classes for six weeks before my due date. Virginia monitored my pregnancy closely and encouraged me to make the decisions during every step of the process. I signed up at the Alternative Birth Center at UC San Diego, where she contracted to collaborate with several physicians. We discussed possible interventions in advance: pain medication, Pitocin to speed up contractions if they lagged, an episiotomy. We agreed that I would not be subjected to any of these unless the birth grew especially difficult or complicated, and in those instances, Virginia would talk with me about each intervention if she felt it was really necessary. Rather than a fetal monitor that kept me tied down to a bed, Virginia occasionally used a monitor that allowed me to move around, and she showed me the results each time, assuring me that the baby's heartbeat was healthy and normal. I was free to get in or out of bed and to position myself in the way I felt most comfortable.

Aside from some spotty bleeding in the first month and slightly elevated blood pressure, the rest of my pregnancy was uneventful, with no other complications. I went into labor early in the morning on July 10, 1984, six days after my estimated due date. Jim drove me to Virginia's office, where we met her at 9:00 am, while my contractions were six-to-ten minutes apart. She did a quick exam and noted that my cervix had dilated only two centimeters, suggesting that Jim and I take a short walk or go out for some breakfast to pass the time before the contractions became stronger and more rapid. As each contraction came, Jim encouraged me as I focused on breathing in short puffs to manage the pain. It was a warm, sunny day, and we took a leisurely stroll down the walkway along the beach, a few blocks from Virginia's office. When each contraction came, I stood still and focused on breathing, while Jim put an arm around me and kept track of the length and intervals. We also went to a nearby Denny's to eat breakfast, and Jim remembers worrying that my water would break while we were in the restaurant (a thought that didn't occur to me at the time).

When the contractions started coming four minutes apart, we returned to Virginia's office. She checked my cervix again and said it was time to go to the hospital. All the rooms in the alternative birthing center were occupied when we arrived. Virginia arranged for a regular room in the maternity

ward, and we did what we could to make it comfortable. I wore my own nightshirt. Jim stayed next to me and helped keep me focused during the contractions and controlled breathing. He gave me ice chips to moisten my mouth and played Pachelbel's Canon in D Major and other soothing music I love on a small tape recorder. Virginia never left my side, except for a few minutes now and then to consult with a doctor or take a bathroom break. I was in labor almost 17 hours, from 4:00 am to 9:01 pm, when my baby was born. The really hard work came in the last three hours, when strong contractions came every 2-3 minutes and Virginia and Jim held my hands, helping me bear down and push until the baby's little head crowned. As Virginia placed her hands around the baby's head and helped ease her out, she exclaimed, "Here comes the baby. She's beautiful!" Exhausted by the pain of overpowering contractions and the enormous stress of pushing, I snarled, "Just get it *out of there!*" The baby let out an angry cry, flailing her arms and legs in protest of her removal from that dark and protected womb. Virginia quickly checked that her breathing was regular and unobstructed, wiped off the afterbirth, wrapped her in a blanket and woven cap to keep her warm, and laid her on my chest. Smooth and pink with peach fuzz for hair, my daughter Zoe was beautiful. We all cried in joy at the arrival of this radiant, healthy, and vocal child.

Zoe's birth was a sacred experience for me, one that centered on a deeply engaged and humanizing process, following my body's natural rhythms during labor, deciding what I wanted, and remaining unencumbered by unnecessary medical procedures and interventions. My daughter had a safe, healthy, holistic birth, and we were able to experience it fully, without unnecessary interference. Had I allowed doctors and the medical establishment to control it, giving birth would have been very different. Instead, I followed my feminist sensibilities, educated myself about medical practices, and determined how I would like Zoe to come into the world.

My exposure to DES has been a significant factor in my reproductive health and should be monitored, but it didn't need to define the birthing process.

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