With a phone call from a successful California fertility clinic, Melissa and David Pineda found themselves caught up in a horror story. Read the article from The Center for Investigative Reporting, and listen to a podcast with the reporter on the story.

She Was the Last Person You’d Expect to Die During Childbirth
ProPublica/NPR | As a neonatal intensive care nurse, Lauren Bloomstein had been taking care of other people’s babies for years. Finally, at 33, she was expecting one of her own. The prospect of becoming a mother made her giddy, her husband Larry recalled recently—“the happiest and most alive I’d ever seen her.” When Lauren was 13, her own mother had died of a massive heart attack. Lauren had lived with her older brother for a while, then with a neighbor in Hazlet, New Jersey, who was like a surrogate mom, but in important ways she’d grown up mostly alone. The chance to create her own family, to be the mother she didn’t have, touched a place deep inside her. “All she wanted to do was be loved,” said Frankie Hedges, who took Lauren in as a teenager and thought of her as her daughter. “I think everybody loved her, but nobody loved her the way she

The Long-Held Secret Behind Her Grandmother’s Death
The New Yorker | Author Kate Daloz writes in an essay in The New Yorker: As a child, I knew only that my grandmother had died when my mom was still a baby. The one time I asked what had happened to her, a bolt of panic flashed across my mother’s face. “A household accident,” was all she said.

I was twelve years old when she finally told me the truth. Some friends and I had gone into a long after-school discussion about abortion, prompted by the gruesome posters that a protester had staked in front of the Planned Parenthood in our Vermont town. I had already begun reading my mother’s Ms.magazines cover to cover, but this was the first time I’d encountered a pro-life position. When I hopped into my mom’s car after school, I was buzzing with new ideas. I had almost finished repeating one friend’s pro-life argument when I saw the look on her face. “A household accident,” was all she said.

Study Points to Better Hospital Design in Reducing C-Sections
Quartz | In the first half of the 2010s, one in three children born in the U.S. was delivered through a Cesarean section. That hasn’t always been the case; in fact, C-sections have been rising since 1990, when only about 20% deliveries in the U.S. were done using the procedure.

While it’s hard to determine exactly how many C-sections are actually necessary, C-SECTIONS, continued on page 2

A Home Birth Story Delivers Some Unexpected Twists
KQED | Stephen Talbot writes about the home birth of his daughter, Caitlin: My wife, Pippa, gave birth like a giraffe, standing up.

I was astonished. This wasn’t quite the nativity scene I’d imagined. Then again, I should not have been too shocked. Pippa grew up in South Africa, she’s very keen on giraffes, and she likes doing things LAUREN, continued on page 2

SECRET, continued on page 3

QUOTE-WORTHY

“I didn’t realize until a few years later ... that I was actually suffering from a postpartum mood disorder.”
—Wendy Wisner, on the time following the birth of her son

“One way or another, abortion will continue as it always has.”
—Carol Downer, who helped organize an underground home abortion network in Los Angeles in 1971

“Women who have impaired heart function don’t have the cardiac reserve that’s required to meet [the demands of pregnancy]. But motherhood is a very strong force.”
—Dr. Brian Koos, obstetrician at UCLA
LAUREN, continued

wanted to be loved.”

Other than some nausea in her first trimester, the pregnancy went smoothly. Lauren was “tired in the beginning, achy in the end,” said Jackie Ennis, her best friend since high school, who talked to her at least once a day. “She gained what she’s supposed to. She looked great, she felt good, she worked as much as she could” — at least three 12-hour shifts a week until late into her ninth month. Larry, a doctor, helped monitor her blood pressure at home, and all was normal. On her days off she got organized, picking out strollers and car seats, stocking up on diapers and onesies. After one last pre-baby vacation to the Caribbean, she and Larry went hunting for their forever home, settling on a brick colonial with black shutters and a big yard in Moorestown, not far from his new job as an orthopedic trauma surgeon in Camden. Lauren wanted the baby’s gender to be a surprise, so when she set up the nursery she left the walls unpainted — she figured she’d have plenty of time to choose colors later. Despite all she knew about what could go wrong, she seemed untroubled by the normal expectant-mom anxieties. Her only real worry was going into labor prematurely. “You have to stay in there at least until 32 weeks,” she would tell her belly. “I see how the babies do before 32. Just don’t come out too soon.”

When she reached 39 weeks and six days — Friday, Sept. 30, 2011 — Larry and Lauren drove to Monmouth Medical Center in Long Branch, the hospital where the two of them had met in 2004 and where she’d spent virtually her entire career. If anyone would watch out for her and her baby, Lauren figured, it would be the doctors and nurses she worked with on a daily basis. She was especially fond of her obstetrician-gynecologist, who had trained as a resident at Monmouth at the same time as Larry. Lauren wasn’t having contractions, but she and the OB-GYN agreed to schedule an induction of labor — he was on call that weekend and would be sure to handle the delivery himself.

Inductions often go slowly, and Lauren’s labor stretched well into the next day. Ennis talked to her on the phone several times: “She said she was feeling okay, she was just really uncomfortable.” At one point, Lauren was overcome by a sudden, sharp pain in her back near her kidneys or liver, but the nurses bumped up her epidural and the stabbing stopped.

Inductions have been associated with pregnancy complications, and get more information and data on maternal mortality throughout the world. ■

C-SECTIONS, continued

researchers generally agree the number is below 20%.

According to the World Health Organization, it’s about 15%; other research says the optimal amount is as high as 19%—still, a lot lower than the U.S. average. According to the Centers for Disease Control (CDC), 55% of the C-sections performed in the US were elective.

But it’s difficult to make hard rules for when a C-section is required, as most decisions need to be made case by case. And, according to Neel Shah, an assistant professor at Harvard Medical School and director of the Delivery Decisions Initiative at Ariadne Labs, who does research on the C-sections epidemic, it’s nearly impossible to isolate which C-sections were necessary and which were not after the fact.

Largely that’s because the decision to perform a C-section is usually confirmed by the outcome, whatever it is: a healthy baby delivered through a C-section is proof that the surgery was successful; a suffering baby is the proof that it was needed.

At best, an excess of C-sections is a waste: as a surgical procedure (the most common in America), it requires more resources and costs more than a natural delivery, leading to annual losses of about $5 billion in the U.S.

Worse, unnecessary C-sections increase the health risks of having a baby. Hemorrhage, cardiac arrest, and major infection occur three times more often in women who have surgical deliveries.

Read the story, get more information on C-sections, and download the MASS Design Group’s report. ■
I should also mention that this was happening at home, in our bedroom, in the middle of the night, and that no one else was around. Except for our two-year-old son asleep in another room.

Not to worry. Women have been giving birth in their homes, in their own fashion, for centuries, right? Well, actually, not so much these days, at least not in this country. A mere 1.3 percent of births in the United States in 2012 took place outside a hospital.

But this was 1982; we lived in a more freewheeling San Francisco, and home births with midwives were not so rare. In fact, our son Dashiell had been born in the very same bedroom, in then funky Bernal Heights, ushered into the world by his mother and a full cast of attendants. Led by a very experienced (if unlicensed) midwife, the birth team included her assistant, her backup doctor complete with a traveling medical kit and oxygen tank, and three other doctors, all women, who happened to be relatives or close friends. I even had a bit role as a labor coach. There was little need for this full entourage, but it was reassuring.

Dash was three weeks past his due date—these days two weeks is the usual maximum before labor is induced. But Pippa had been intent on a home delivery and at the last possible moment, after a spicy dinner and some strong tea, she went into labor. With the midwife's expert help, all went well. In just under three hours, from start to finish, our son slid into the world in that small room full of people.

This time, however, the room was empty, except for Pippa, me and our rapidly approaching second child. My only reassuring thought was that I’d been through this before, and I hadn’t passed out.

Her anguish arose from sharing a truth that she’d been brought up believing was too terrible to speak.

Sitting beside her in the passenger seat, I struggled to absorb the meaning of what she’d told me. I had only just grasped what abortion was a few hours earlier, and was still trying on this new pro-life idea. “O.K.,” I said, “but what about the uncle or aunt I never had?” Mom whipped toward me, face taut with a rage and fear that I somehow understood had nothing to do with me. “What about the mother I never had?” she said.

Until recently, everything my mom knew about her mother fit into one three-ring binder. Inside were letters, documents, and photos that my mother had collected over the years. After the election last fall, as an Administration hostile to women’s reproductive rights settled into the White House, I asked her to send the binder to me, and did some sleuthing of my own. I got in touch with aging relatives and family friends, who offered crumbling bundles of my grandmother’s letters, carefully preserved for decades. My questions about her life and death hadn’t changed since I was twelve years old. What felt new, in the Trump era, was the urgency of her story.

My grandmother, Winifred Haynes Mayer, was born in New York City, in 1912, to an upper-middle-class family. Her father, a doctor, spent time in France during the First World War, helping set up orphanages, and returned to the U.S. in love with a Frenchwoman and seeking a divorce. Win and her brother were raised in the Bronx by their mother, Nyesie, a nurse. Nyesie was determined that her daughter receive a college education, and in 1929 Win enrolled at the University of Wisconsin, Madison. There she majored in English, helped found a literary magazine, and, in her senior year, met my grandfather, Eddie. Win was lean and athletic, with high cheekbones and windblown hair. In photographs, she always looks as though she’s just returned from a brisk stroll.

Read the story.