

## A Belated Thank You to Flora Hommel

It was 1969; I was pregnant and quite anxious about it. I had seen the movies showing women screaming as they gave birth. In most movies, the doctor would shut the door, and after hours of muffled noises of agony, would emerge with a baby. Sometimes the mother was OK, sometimes not.

I was putting together a list of options to get me through the expected ordeal – muscle relaxants, an epidural (called a “saddle block” back then), and Caesarian section. It was a short and very unsatisfactory list.

Then, a friend suggested I check out the Childbirth Without Pain Education Association. Wow, what a great appeal the name had...Childbirth Without Pain. It might be a wacko cult, but I was willing to take my chances if I could add “No Pain” to my list of options.

So, my husband and I signed up for classes. We were somewhat daunted when we realized the evening classes were in deteriorating commercial district, in loft offices next to a porno theater. We walked up the dark rear stairs and into a stark room and sat in cheap wooden chairs with about 5 other couples. Like me, most of the women were about 6-7 months pregnant.

Flora Hommel introduced herself and then got to the point quickly, asking, “What is the first thing that comes to mind when I say the word ‘labor’?” Responses from the group were immediate and consistent. “Pain,” we answered.

That belief is the core of the problem, Ms. Hommel announced. Labor is actually “work.” By the end of this training, we would understand that giving birth is strenuous work, and if we trained for it, it need not be painful. She had studied in France with Doctor Fernand Lamaze and was bringing his methods to the U.S.

During the next few weeks, we learned a bit about the physiology of pregnancy and childbirth and how we could control much of the experience. Here is the key concept that stuck in my mind:

*By the time a woman is ready to give birth her uterus has become the largest muscle in her body. (If I recall correctly, it weighs about 3 ½ pounds!) When the uterus is having contractions, a woman will use as much energy as if she were running at full tilt. This means it needs all the blood and oxygen she can supply to keep going and not cramping.*

*So, what is the typical cause of pain during labor? Muscle cramps! Cramps in a huge muscle that a woman can't stop from working! Anybody who has had a charley horse (leg cramp), knows that this must mean a lot of pain.*

Based on this understanding, much of the rest of the program was all about how to keep the uterus from cramping. We had to learn to avoid the most common reactions to a contraction,

going tense, gripping tight, and holding our breath. How do you keep your uterus supplied with oxygen when your lungs can't expand fully because of the baby? You learn how to take lots of short breaths rapidly. How do you keep enough blood going to the uterus? You learn to keep all other muscles relaxed so they don't draw from the blood supply. With our spouse/coaches, she trained us to identify muscles that were tense and deliberately relax them.

We got other information that helped us make good decisions. For example, we found out that when a baby's head enters the birth canal, a woman typically experiences a natural anesthesia. This is also when an epidural is given, making them redundant for pain control.

My gynecologist was not impressed. He called the training conducted by Ms. Hommel "witchcraft". Now it is called the Lamaze method. When I started contractions, I went to Mt. Carmel hospital in Detroit. The nurses and staff in the maternity ward had never heard of "childbirth without pain" and were highly skeptical

At that time, the policy was that husbands were not allowed in the labor or delivery rooms. My husband got permission to stay with me during labor and coach me. One of the nurses told my husband, "Don't worry, she'll be screaming soon enough."

True to my training, I lay on my side like a rag doll, totally limp while my uterus did its work. I focused my efforts on breathing rapidly and keeping my other muscles relaxed. It was exhausting, but effective—within 3 hours after entering the hospital I was pronounced dilated enough to go into the delivery room.

My husband went to the waiting room, expecting a short stay. In our training, we had been told that while the duration of labor ranged widely, the actual delivery usually took about 20 minutes unless there were complications.

I got to hear all about the complications of the delivery as my doctor described what was going on to an intern who was attending the birth. What I first heard was that the baby's head was crowning, but it was facing the wrong way. They needed to turn the baby around. This involved a lot of grasping, pushing, and pulling. Frankly, I don't remember the details (for which you, dear reader, are probably grateful.) What I do remember is that the doctor was quite puzzled as to why it was so difficult to get the baby out after its head was in proper position.

He was also puzzled by the weight, 4 pounds, 5 ounces. In the maternity staff betting pool, the doctor has placed his money on a birth weight of 9 to 10 pounds, a reasonable estimate based on the massive size of my pregnant belly.

The mystery was soon solved as the doctor looked back at me and then did a quick double-take (forever imprinted in my memory). He said, "I think there's another one in there." (Note: Back in 1969, we didn't have sonograms that would have revealed two babies in the womb.)

By this time, my contractions had stopped. There was real concern that they would have to do a Caesarian Section for the other baby. He asked me to see if I could manually push the baby. After a number of pushes, the autonomous contractions started again. The second baby was

breech (feet first) which caused more grasping, turning, and pulling, but was eventually successful in emerging intact from the birth canal.

The doctor was particularly pleased with the result. The second baby was 5 pounds, 4 ounces. Together they weighed 9.9 pounds, so the doctor won his bet in the pool. During final procedures, he explained to the intern that my sons would be considered identical twins since there was just one placenta. Also their legs had probably been intertwined in the uterus, creating the difficulty in extracting the first baby.

By now my husband had been waiting three hours and was quite concerned. The doctor's greeting was reassuring, "You have a healthy son... what are you going to name him?" My husband said "We thought Brett, for a boy." "What are you going to name your second son?" the doctor then asked. My bemused husband responded, "We'll figure that out when we have another." The doctor then delivered the punch line: "Well, you have another now. You have twin boys." My husband was shocked enough that he felt weak and nearly fell over.

My doctor mentioned that he was very impressed with the experience and he would recommend Flora's training for future patients. He appreciated the fact that I had been alert, understood what was going on, and physically able to support his efforts during two difficult deliveries. Most significantly, we were able to avoid a delayed birth and unplanned Caesarian that would have endangered the second child.

I never thanked Flora Hommel, but I've thought of her often. I was blessed to find her and get the training needed to avoid the pain of labor and a safe birth for my sons, Brett and Derek. They are now in their mid-forties and have children of their own. Unfortunately, the "Lamaze" training that their wives received for childbirth was watered-down from the original material. They were told to "relax" and find a "happy place." They got little information on body mechanics, how to actively recognize muscle tension and impose a limp state, how to pump oxygen into the body when your lungs are confined to a compressed space.

Flora Hommel was inducted into the Michigan Women's Hall of Fame and Historical Center in 1994. The citation reads, in part:

After an uphill battle to promote the rights of expectant parents... Lamaze is a common word and the idea of mothers and birthing partners being active in their birthing experience is common practice. The organization she founded, Childbirth Without Pain Education Association, has had over 18,000 students, trained many hundreds of instructors in workshops around the country, and spawned dozens of similar organizations. For her outstanding contributions in the field she was recognized within the obstetrical profession by election to the National Board of the International Childbirth Education Association (1964-1968).

My husband and I were two of her students in 1969. We will always be two of her grateful beneficiaries.