

two ways about it. Again, he had to work at it, but it was a case where something was going to give and it wasn't about to be the obstetrician.

Once the membranes were ruptured, the effect was immediate. Sandy felt a great reduction in the feeling of pressure in her abdomen, and the contractions rapidly increased in intensity. Between the pains she marveled at her tummy: her navel was beginning to re-appear. For the past two months the only sign of where it was/^{was} a darkish discoloration at her midline. The baby had dropped even further. "She's in hard labor now," a nurse announced after glancing at the monitor graph. Sandy, of course, was not permitted to eat or drink during this lengthy process. She didn't feel thirsty, she said (the I.V. maintained her body's fluid level nicely), but her lips and mouth were dry. I rummaged around in the fridge and discovered a trove of ice chips and gave her one. Her fingers objected to the chill after a few minutes. Greg gave her some sheets of toilet tissue after a thorough search of the premises didn't uncover anything that could be used as a container. Recalling that there were two containers of fruit juice in the fridge, I opened one, quaffed it in a couple of gulps, rinsed it out and Voila!, an ice cup. (Ah, the sacrifices one makes for one's offspring...)

Greg was getting hungry, so decided to check out the cafeteria. I asked him to bring me back a sandwich, suggesting egg salad, ham salad, or perhaps beef as those seemed to be fairly standard offerings at other cafeterias I'd been in. A couple of minutes later, he popped back in to announce that there were no pre-made sandwiches available. Instead they had a buffet arrangements, with turkey, ham, beef, cheeses, and various accutements like lettuce and tomato. It all sounded good, but I stuck with beef, asking for a bit of onion on the side. I have no idea how far the cafeteria was from the LDRs, but Greg returned in a little over ten minutes, bearing the sandwich and a glass of orange drink. He'd eaten a roast lamb dinner down there in the meanwhile, too. I know he's a bit on the hyper side, but that's speedier than I would ever expect.

The picnic atmosphere didn't last too long, though. The contractions had quickly gone from being uncomfortable to being painful. Greg and I alternated between massaging her back, holding her hands (actually offering our hands for her to grip tightly as the pain would peak), and cooling her forehead and neck with damp cloths (the heat generation was really remarkable).

Two nurses came in to rearrange the monitors. Now that the membranes were broken, the pickups could be inserted directly into the cervix, and an electrode attached to the baby's scalp, which would result in clearer, more accurate readings. It was a learning situation for one of the nurses, but after some minutes of awkward fumbling around, she had everything fastened securely. The wires were switched--removing the leads from the monitors strapped to Sandy's belly, and hooking up the newly-placed ones in their stead --but the readings revealed that the electrode had missed the baby and was attached to Sandy instead. *Sigh* The nervous nurse (who really had tried to be as gentle as she could; freezing her position each time a contraction began so she wouldn't increase the discomfort) turned down the other nurse's offer to try again. saying that she didn't want to make Sandy uncomfortable and perhaps miss the site again. So yet another nurse came in (the first two left: I have no idea why the one doing the instructing didn't take over. The Ways of Hospital Personnel are indeed 'ysterious), and had everything set up correctly in four or five minutes. At that point, though, I don't think Sandy particularly cared if the roof fell in.

The first nurse returned, with a hypodermic of Demerol. The drug didn't ease Sandy's pain, but it certainly relaxed her between contractions. "Wonderful stuff," she murmured, "gives a really nice high." It also increased the dryness in her mouth, so more ice-chips were brought out. As time wore on and her pain increased, Greg and I were both getting edgy. One nurse came in to catheterize her, and for the first/^{and only} time we were asked to leave the room. The waiting room, as nicely laid out as the birthing suite, was directly next door. While I had a cigarette--well, six well-spaced drags from one--Greg went on a search for a pop machine, returning with two Cokes. Any port in a storm. I usually drink sugar-free cola, but there are times anything does the trick. When we re-entered Sandy's room, the nurse told us not to smoke or drink in front of her; we were being cruel if we did. After she left, Sandy said to ignore the advice. Greg isn't

a smoker, and I light up long enough to take a couple of puffs before extinguishing my cigarette, so she was sure it wasn't going to bother her one iota. The next time that nurse came in, she glanced darkly at the Coke cans on the counter, but didn't say anything further on the matter.

By 3:00, Sandy had dilated between 4-½ to 5 centimeters. The anesthesiologist came in to insert the apparatus for epidural anesthesia. A tap is inserted between two lumbar vertebrae, with thin tubing attached, into which the anesthetic is injected. The drug (I have no idea which one was used; there are several) bathes the spinal canal in solution, which results in total lack of sensation from waist to knee. Insertion of the tap is a delicate procedure: an injection of Novocaine to numb the skin is given, the patient lies still on her side, and the tap pushed into place. A contraction came midway in the process, and the doctor warned Sandy not to move. (So easy for him to say!) She gamely grit her teeth, clenched Greg's and my hands, and froze in position while the peak passed. I think I was proudest of her at that moment. (Later, she said she was literally scared stiff. A bomb blast wouldn't have made her flinch.) Tap in place, the tubing taped into position, the doctor injected the drug--again, it was in mid-contraction. The pain lines in Sandy's face washed away; it was like watching water flow down a drain. The doctor cautioned her remain on her back for fifteen minutes, but then she could lie in whatever position suited her. He also warned us that the effects would last about 90 minutes, and would wear off rapidly. Once she began feeling her contractions again, we were to notify him so another dose could be administered.

The change was dramatic. Peace and calm returned to the room. Sandy began to watch what was left of General Hospital on TV, but soon dozed off. Greg and I read, talked quietly to each other, and relaxed for awhile. About a quarter to five, Sandy woke up. She was aware of the contraction she was having, so I notified the nurses' station. The doctor came in, and five minutes later, she was sound asleep again. Greg decided to run down for some more food, and was gone about fifteen minutes. He thoughtfully brought back some more orange drink for me. We glanced at the news on TV, checked the monitor graph every so often, and just waited. I continue to marvel at the wonders of modern anesthesia technology. I've delivered without anesthetic, with Demerol, and with "twilight sleep", and can vouch that it was like the Stone Age in comparison. Sandy slept (from the Demerol) blissfully through the worst of the labor.

At 6:00, Dr. Brown came in to check her progress. She'd no sooner assumed the position (having to be woken up first), when he laughed. "I don't have to do any measuring here. You're crowning already. We'll have ourselves a baby in a half-hour or so." That perked her up, for sure. A nurse came in with an oxygen mask, and another one began clearing the decks for action. I stood up and reached for my purse, to go out to the waiting room. Some weeks earlier, Sandy had asked Dr. Brown if her mother could stay with her during delivery (she had known for some time that I could be there during labor), but he had vetoed the notion. Too many outsiders during delivery could cause complications, and besides, he said, grandmas were worse than new fathers to have around. (That comment, needless to say, miffed me to no end...) A nurse turned around (she was also named Sandy) and asked if we both wanted to stay. Greg, of course, said yes, while I looked puzzled. "I don't think I'm allowed to," I said. "Oh sure," she responded. "No problem at all. It's up to you." Wild horses couldn't have budged me. She came back with two sets of scrub uniforms and kits. She handed me a "small" and Greg and "medium" but we glanced at each other and swapped. Using the bathroom as a changing room, Greg dressed first, and while he scrubbed at the sink, I changed clothes. The top was no trouble at all, but problems became evident with the bottoms of the uniform. They were too narrow in the waist to go over my brace. Holding them tightly in place, I went out and asked if a larger pair were available.

The room was a beehive of activity. Sandy's bed was being disassembled--the foot, about two feet long, was dropped, and the portion of mattress--a five or six-inch thick pad, really--was lifted off and placed behind Sandy's shoulders. Nurses wheeled out instrument trays, rolled up the carpet, moved the mirror closer to the bed, and set up the lighting. I was afraid my request would cause a hitch in the perfectly choreographed proceedings, but no one missed a step. Like magic another pair of bottoms were produced and I popped back into the bathroom. Naturally, standing next to the sink while Greg

scrubbed vigorously under the running water, a certain natural instinct was triggered. I sat nervously on the toilet (first time since we'd come to the hospital), positive that I was pissing away the chance of a lifetime. Fortunately, the process wasn't moving quite as quickly as all that activity indicated. I had plenty of time--could've taken a shower, for that matter.

Scrubbed up, bonneted, bootied, and with face masks in place, we were told to stand on either side of Sandy near the head of the bed. Now I saw the reason for the mirror. It was positioned so the "family support team"--Greg and I--could watch the baby emerge. For awhile now, Sandy had to be told when a contraction was beginning (by watching the monitor graph; that was my job until the set-up was complete and we moved to be near her head and a nurse took over) so she could bear down. (Mighod, having to be told you're having a contraction! It boggles my mind, still) With each push a tiny patch of greyish purple could be seen. The baby was close to being born. Dr. Brown dashed in (it turned out he had two mothers at this stage--the other delivered fifteen minutes after Sandy) and checked out the situation. He gave Sandy a good pinch, to check the level of anesthesia and said she wouldn't need anything additional. Sandy laughed. All she could feel were slight tickling sensations on the skin of her thighs and stomach; nothing else at all. As the head continued to emerge further with each push, he finally decided to do an episiotomy to facilitate delivery. Sandy didn't feel a thing. A final push and out came the baby's head. The doctor swiftly cleaned out the mucous around its mouth and, still halfway in the womb, out came the first, thin wail of life. It's a marvelous, almost mystical sound. My eyes teared up as I looked down at Sandy's radiant face. Greg was grinning so widely I thought the lower half of his face would fall off. He kept stroking her hair and hand and kissing her cheek, murmuring how wonderful she, the baby, and the whole wide world was. One more push and the rest of the infant's body washed out, was lifted and placed on Sandy's abdomen. A lusty, bawling boy, face contorted, arms flailing and legs akicking, still greyish purple, but pinking up rapidly. The nurse who was in charge of the newborn waited while I grabbed the camera and took a snapshot, and then whisked him onto the tray where she performed the initial check-up (whatever the test is called, he passed 9 out of 9 with flying colors, she reported), suctioned mucous from his throat and mouth, and, in general, tidied him up a bit. I'd been expecting a, well, messier baby, but he came out fairly clean to begin with. "What are you naming him?" the nurse asked. Problem. After four generations of firstborns being female, we had all simply assumed the baby would be a girl. While boys names were thought about, they still hadn't settled between Jeffery Allen or Joshua Jay. Wide-eyed, Sandy looked at Greg. He looked at her. "Joshua Jay," she announced firmly. And so it was. I'd forgotten to check my watch at the critical moment, only noticing that it was 7:13 as I was going for the camera. A nurse told us that Josh had officially entered the world at 7:09 PM, May 29th, 1984. He weighed in at 7 lbs, 2 oz (so much for being a "tiny" baby...), but his length wasn't measured until later (I just phoned Sandy to check, and she won't get it herself until they give her the paperwork this afternoon at discharge).

Tidied up, wrapped in two receiving blankets, his ID band on his wrist, Josh was given to Sandy to hold while the equipment was being put away. (Dr. Brown had stitched her up after the placenta emerged, and then dashed off to attend his other delivery. The aftermath hadn't taken more than eight minutes or so.) The bed was put back together and Greg perched on it next to Sandy, oohing and ahing over their creation. I snapped another picture or three (once I got in my oohs and ahs, of course). I called DaveLo with the news while the baby was being checked out, and now Sandy started calling various friends to spread word more widely. She tried twice to reach her father in Beecher, but there wasn't an answer (he got the news late that night after he'd gotten home from work). Greg alternated the joyful chore to tell his family, and electronic signals went flying all over Cincinnati. After a half-hour of "bonding"/^{and his first meal} the nurse came to take the baby up to the maternity floor's nursery. Greg and I changed back to our/ewbthing, and Sandy was transferred to a wheelchair for the trip upstairs. We followed along, watched until she got settled into her bed, and said our farewells. Once Greg drove me home I hit the phone to make the long-distance calls (Greg doing the same from his place), and I bumbled to DaveLo about the Neatness of it all. A most wonderful experience. (Sandy called: the info was just handed her. Josh measured 50 cm. 19.68 inches, if my calculations are OK) Gotta go; it's nearly time for Greg to pick me up for the Homecoming....