

THE ART AND SCIENCE OF OBSTETRICS

A WOMAN'S VOICE

by Raven Lang

I have been a student of childbirth since 1967, beginning this study as a twenty-four-year-old expectant mother who wanted to experience a natural and conscious labor and birth, and who wanted to have a safe and loving passage for my baby. All those years ago, and ever since, has marked what has become for me a lifelong pursuit of knowledge.



After the birth of my son in 1968, I had a number of questions, as I had not been prepared for the extraordinary transformation that had taken place, nor did I understand some of what was done to me, or why it was done. Confusion reigned, and as a new mother, I found myself wanting to talk and talk and talk about the experience, hoping somehow that the answers would help me to put the missing pieces of the puzzle together. The memory of labor and its depths, and of the powerful force of nature that birth is, plus the reality of a new being in my care were all clouded in mystery. I needed guidance, and I needed to speak or work with somebody who could either answer some of my questions or help me to understand the meaning of these profound changes. The intensity of that rite of passage, which nothing in life had prepared me for, led me on a journey that was life altering. I wanted to understand birth on every level I possibly could.

Nine months later, by a magical connection that put me in the right place at the right time, I witnessed my first human birth. It was with a first time mother who birthed in her own bed with essentially no skilled person in attendance. I remembered going to my six week post partum check-up at Stanford Hospital with a list of questions, not one of which the doctor could answer, and nine months later I left that unattended home birth with crystal clear answers. To be an observer and witness from the outside what I had felt from



the inside was tremendous. My learning curve that day was exponential.

The community I lived in was a university town with many young people, yet there was not one single class in the preparation for childbirth. Within a month or so after witnessing that birth, I became a childbirth educator. The childbirth classes introduced me to six to eight pregnant women every six or seven weeks, and within the next year a number of those women led me to their birth bed, where I learned more and more.

During my first few years of teaching, I bought and bred goats, thinking that because they were a similar size to humans and do well in birthing, that if I observed them in the phases of gestation, labor, delivery, and early mothering, I would better learn what happens in nature. So I surrounded myself with the pulse of birth in as many ways as I could. Some of the early lessons in obstetrics came from goat husbandry books, which I read while raising and breeding these animals. For instance, the idea of the pelvic tilt that is used today for turning a breech baby is exactly what goats do by themselves when they carry their offspring in the breech position.

During these years I met other women like myself who were also interested in the subject of childbirth. One was a nurse, the others were mothers. We began a study group, and within time gathered collective knowledge and experience, as a few of them were also attending

births. In 1970 we opened up the first Birth Center in North America. The first day of our opening, the front door never fully closed, because we had non-stop pregnant couples coming in from the time we opened till the time we closed. There, in a private home, we gave prenatal education and very soon began to give prenatal care. Over a short period of time, we not only saw the victories of health and success, but we began to see the potential and real problems that could arise in pregnancy.

As time marched on we learned more about pregnancy health and concerns. We also aided and observed many births. Eventually, we began to fill the archetypal role of midwife, because we seemed to know more about the subject of natural birth than others around us. It is important to remember that in the 70's midwifery was not legal in many states, and the only prenatal care was that given by the medical profession. Nine years after my first child was born, I sat down and calculated how many hours I had observed labor and birth and was astounded to see that it represented ten thousand hours. This included natural births, medicated births, surgeries, and eventually technology. The demographics of the women I worked with were young for the most part, and born and raised in the western world where there was always adequate food, shelter, family relationships, and education. Approximately eighty percent of the women I observed in the first decade of my formal studies were women expecting their first babies, with all their stores of nutrition, strong muscles, breath, and agility at their peak. Some women were expecting their second babies, and rarely did we see women who had more than three children. By the time I was thirty-three years old I had observed several hundred of these young healthy women birth. This led me to become a "connoisseur" of birth, knowing the ins and outs of the surrender journey, the strengths and weaknesses of the human body for both the baby and the mother, the psychological realms of the human mind and spirit, the joys and victories of the birth experience, the normal and pathological parameters of labor and delivery, the rite of passage that birth is, and the overwhelming miracle of the new baby and of mothering.

In 1981 I attended a lecture about Traditional Chinese Medicine (TCM), and in January 1982 I was enrolled in a Traditional Chinese Medical University. TCM is a system of medicine, unlike the system of medicine I grew up with, that is thousands of years old and that has proven to be an effective way of dealing with health maintenance and disease. While I attended this school, I was still an active midwife, and it was during that time that I began to see how this system of medicine worked in the realms of pregnancy, birth, post-partum, and newborn concerns. During my formal education I had a three-year apprenticeship with Dr. Miriam Lee, an amazing and powerful doctor of Chinese medicine, who had been a nurse-midwife in China for twenty years

before her TCM studies. From her I witnessed the treatment of pregnant women and watched her approach to the problems of pregnancy. It was during this time that I learned to treat problems that up till then, as a midwife, I had no skill to deal with, because western medicine, as wonderful as it is, has its limits. Problems such as morning sickness, miscarriage, gestational diabetes, hypertension, and pre-term delivery were all conditions that western medicine could not solve, and what they did have to offer often came along with negative side effects. With the addition of TCM thinking and diagnosis, I learned that there was another way to understand a problem, and at least several ways to treat it. Watching this success was exhilarating. It was one of those marriages between two professions, midwifery and Traditional Chinese Medicine, and the marriage was an exceptionally good one. In time, when I would run into a problem that was insurmountable prior to my TCM education, I would treat with either herbs or needles, and see so many positive results, that I came to expect success in the subject of pregnancy, birth, and postpartum.

The obstetrics classes that I now teach are a combination of all that I know about the subject of childbirth. I began this study from inside my body, and cultivated this study as a lifetime of work has passed. I use my knowledge of Traditional Chinese Medicine both to maintain health and balance in the pregnancy and after it is over, and as importantly, I use this knowledge and these skills extensively when it comes to the study of any disharmony seen during these times. My approach, however, is not limited to TCM or western medical thinking. When and where I can, I include herbs indigenous to this continent as well as those from Asia, and along with both the approaches of east and west, I use the accumulated knowledge and skills of psychology, physiology, acupuncture (including Master Tung points and classical TCM studies), midwifery--including the art of abdominal palpation, the meaning of ceremony, and even the history and politics of women's health.

Technology has raised its head in this 21st century, and today it stands very tall in the world of birthing. This has taken place in a very short period of time. In the 70's we had one ultrasound machine available to the city of Santa Cruz and we used it when the mysteries of pregnancy or labor were beyond our understanding and we needed more information. Today nearly every doctor has at least one of those machines in a private office setting, and nearly every woman gets an ultrasound before they are through their first trimester, even when there are no questions to be answered by it. As a result of not having had those machines, all the physicians and midwives from the 70's and 80's became expert in the art and skill of abdominal palpation. Obstetricians knew how to deliver many of the breech babies vaginally, or to correct a difficult cephalic attitude that seemed to be impeding the progress of labor. But technology has changed this. The use of ultrasound, for instance, has rendered the skills of palpation and manipulation weak and insecure. In less than fifty years we women worked to gather an amazing amount of information pertinent to birth, and in the last fifteen years modern medicine and the drive that women have to choose it, has done much to let those skills slide out from under us. This

insidious trend speaks of a great loss. These classes in the arts and sciences of obstetrics are designed to pass on that precious knowledge so that women can rely on nature and natural products rather than reaching toward technology when technological intervention is not needed.

Today's culture is an interesting one. Lack of faith in nature has risen along with a basic distrust of our fellow human beings. The desire for women to experience un-medicated newborns and the natural journey of labor and delivery diminishes daily in the name of wanting to feel little or no pain. Far too many women end up thinking that they needed medical assistance in order to safely come through pregnancy and delivery. As a result of this, thirty-three percent of them will come out on the other side of birth having had abdominal surgery, and that is no picnic to recover from. Nor is it an easy way to begin the experience of mothering. Also, women are no longer having babies in the window of time that represents the healthiest time to reproduce, and as a result, we are seeing more problems in pregnancy than we did all those years ago. Problems such as hypertension and gestational diabetes are steadily increasing.

Women must stand up and hold on tightly to the knowledge that is available in my classes. Practitioners of birth need to learn the knowledge and skills of the past lest they once again disappear into oblivion. Let my classes also instruct you with the womanly art of sensitivity and caring. I will always do my best to present the complexities of the

art and science that is childbirth so that you will not have those questions I so searched the answers for all those many years ago.

Thank you for this opportunity,

Raven Lang

Bio: Forty six years ago Raven gave birth to her first child. Within the following year she was teaching classes in natural childbirth and began her education in direct midwifery. For the next ten years she worked as a midwife, founded the Institute of Feminine Arts, the first non-medical school for midwifery in the United States. In 1982 Raven began her studies in TCM and a year later was blessed with a three-year apprenticeship with Dr. Miriam Lee, a nurse midwife from China and one of the first licensed acupuncturists in California. Raven incorporates her knowledge of midwifery, mothering, and traditional medicine (both American and Asian) in her work and brings a wealth of experience to those she serves. She is a dynamic teacher and teaches subjects as diverse as the politics and history of women's health, parenting, the science and art of obstetrics, and pediatrics. Her teaching reaches into the well of life, using poetry, art, politics, mothering, psychology, the medical arts, and unique instructions in the skills of observation. Raven practiced TCM in Santa Cruz, CA for 30 years but is now focused on teaching women's medicine and pediatrics.