

**9:00 A.M.:** I'm preparing my lecture for tomorrow's class. I teach Human Sexuality for the psychology department at Madison Area Technical College (MATC). Teaching sexuality courses means we discuss not only behavior, health issues and relationships, but we also learn about social science and psychological theory. Tomorrow's lecture is important. It's about sexuality and disability. Most people assume that disabled people don't have, or want, sex. Disability makes most of us uncomfortable so we tend not to think about it. But this subject is very important. The students in my class form a generation of caretakers; at least 25 percent of my students have worked in a nursing home or as an aide for people in their own homes. Their peers have been maimed in a war and our country will soon have the highest population of disabled people ever. I'm one of the few sexuality educators I know who is willing to tackle this subject.

**10:00 A.M.:** Six hours of pitocin and no call. One reason I'm so surprised is because this is Mom's second baby. Her first baby was born after only six hours of labor, including an hour of pushing. First stages (dilation) tend to follow the same pattern with subsequent births, but the second stage (pushing) is usually significantly shorter each time. If this is what I'm thinking, I can only imagine what the parents are thinking. It's my job to wear a "doula mask" and make sure my feelings remain neutral. I might have my own feelings, but this birth is not about me.

Mom's preferences and what the doctor's policies are for positions, showers and baths.

I suggest that it's probably time for a trip to the bathroom, which brings on stronger contractions. The four of us work our way across the room, steadying Mom and bringing the IV pole. We leave her alone with the sink faucet running for inspiration. I'm worried about Dad. Is he eating? Did he have any rest? I get him a sandwich after we get Mom settled in a new position.

The nurse and I have freshened up the room and created a new space for Mom to

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**11:12 A.M.:** The phone rings. It's Dad. "The contractions are strong and we need help!"

**11:30 A.M.:** I quietly push open the door of the labor room and set down my bag. Mom and Dad work together through their contraction. She's sitting on a large birth ball and he's sitting opposite on a small stool. They lean forward during the contraction, breathing together. He strokes her hair and kisses her forehead as the contraction ends. I greet them quietly and suggest that Dad sit in a more comfortable chair. Between the next few contractions, they tell me about their morning.

**12:00 P.M.:** I get drinks for everyone and tidy up the room. Mom was 4 centimeters at the last check. They are working well together so I don't interfere. The nurse and I greet one another and go over

labor in. We help her into a standing position leaning over Dad. Her back is beginning to hurt during the contractions, which to me means the baby is moving down. Good! Descending babies put pressure on the cervix to dilate. When moms feel more pain or sensation, I smile. It's not because I'm a sadist! It's because I know things are moving further along.

Mom says she would like to take a bath, so I start the water. Because of her increasing back pain, we help Mom up onto the bed, on her hands and knees. This should take the weight of the baby off Mom's spine and allow us to put counter pressure on her back where it hurts. For a while, this works.

**3:30 P.M.:** By the time the tub is filled, Mom has settled into a rhythm on the bed. Now she wants to get in the tub, but the nurse says they'd like to do another exam first. I'm startled to see how much time has gone by. For me, it's been measured in breaths and peaking contractions.

Mom is 6 centimeters, which, for her, is a huge blow. This labor has now lasted as long as her first one and it's becoming increasingly painful. But this is a pitocin induction for premature rupture of the membranes, which means that her water broke prior to her going into labor. This type of labor can become more painful than a naturally occurring one.

