

Parenting a Cesarean Child

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Full Text: As a vaginally born parent of a cesarean born child my responsibility has been to help my non-labor cesarean born daughter, Felice, develop the parts of her that are a natural result of her cesarean birth, and learn some of the things that vaginally born people already know from their birth. She has to learn how to live in a world and express those parts of her which are natural. One cesarean trait that I have discovered about Felice is that she makes a decision to do something with no preparation, thinking or planning. She doesn't do the goal setting I thought to be normal. Felice makes a decision to do something and it is as if goal setting is completely unnecessary. As a child at the age of five she made a decision that she wanted to own a thousand dollar synthesizer. I tried to explain to her that we needed to sit down and plan how to accomplish this. I met you (Jane) around this time and first heard of your cesarean work. I tried to explain to Felice that we needed to discuss how to proceed, really doubting she would get the synthesizer. She just looked at me as if I were speaking Chinese and went out into the shed, found a couple of gallon jars and told me to teach her how to make alfalfa sprouts. I was a little nonplused. She just said she was going to earn money selling sprouts to buy her synthesizer. She didn't want to talk about who she was going to sell to. The only thing she needed right then was to know how to grow sprouts. I showed her what the process was and in a matter of a day she had put together what turned into a thriving sprout business. Over the course of six months she also saved the money from birthday and other holiday gifts. There was no temptation factor about spending that money on anything else. It was synthesizer money. After six months she discovered a cheaper synthesizer that had all the features she thought she would have to spend a thousand dollars for, and she bought it. She was totally focused for six months. Right now her life's goal is to become a professional singer and she will not entertain ideas for any other course. She is learning to play the piano, she knows that she also needs to become a capable actor. She is doing all of these things that are directly related to this goal. And none of it is work! There is no labor involved in any of it. Jane: I have heard people say cesarean people don't have goals. And that never fitted me. What is true is that there is no labor in the process of moving towards the goal, not that there is no goal. I have noticed with Felice that there is no working toward the goal. It is more like: "At some point I am going to be singer, therefore I am a singer right now. And being a singer, this is what I have to do." It's like the moment she made the decision to be a singer, she was a singer. Jane: How would a vaginally born person do it differently? For one thing there is The Work of becoming a singer. Jane: But she is doing that. It is the difference in the attitude. There is no work; there is no doubt. One of the things that has been hard for me to understand is that she has no doubt or anxiety once a decision is made. For fifteen years I have had to deal with the fact that once she makes a decision there is no doubt. There is just the process of living the decision. It drives her sister crazy. Rachel keeps pointing out how few people can actually support themselves being singers. Felice just doesn't want to talk about that kind of thing. It is immaterial. It is not a part of her thinking. Jane: Mother once said to me that it seemed to her that I could do anything if I made up my mind to do it. That's very similar. What is important is that she be what she has decided to be. Jane: Did this pattern happen before she was five? and what were your thoughts about it before you met me? Felice had to be socialized. She didn't get along with other kids in situations where anything got in the way of where she wanted to be. It was a bit appalling. Probably there are kids who are cesarean born who have different kinds of temperaments, just as vaginally born people differ. I have noticed some other kids who have that same attitude, but their actual response to it is a bit different. With Felice it was to walk over anybody or anything that was in her way. With some of the kids who were less

aggressive than Felice there was a lot of fussiness, a lot of standing in one place in the middle of the room just screaming their heads off when the situation wasn't going the way they wanted. I think back now to the kids who were cesarean born who were in this little group. Most of them had gone through some labor. With Felice I was hardly aware that I was in labor when they took her. A lot of the kids that I knew about who were cesarean born had gone through some labor and had been taken because of complications. It is very hard to negotiate with a cesarean born toddler. Much harder to negotiate and much harder to distract. Jane: Who are the children you are comparing Felice to? When Felice was a baby I was teaching parenting classes all over California and southern Oregon. We had parent organizations that had regular play days and meetings. I was relating to families with children around Felice's age as we traveled all over California giving classes. Jane: Before you ran into me and my ideas did you have any discovery that the cesarean born kids were acting different? I didn't until after I started thinking back. There is nothing in our culture that leads one to believe that birth in any way affects behavior. It just isn't out there for parents to consider. Jane: That is just beginning now. David Chamberlain's article Babies are Conscious is a good summary of what has been learned. So when you are looking at the behavior patterns of your toddler you weren't thinking about birth. There were a few little things when my kids were babies. It was thought that induced labor led to certain kinds of problems, sort of a chemical cause. But nothing about the baby's experience of the birth itself. We are not taught much about socializing. We have a tendency to think that a behavior is something that is worn like clothing that you can change with discipline. A lot of people thought that I was not handling Felice correctly. I have had a lot of advice from people. Felice was very pushy. She started speaking at 8 1/2 months. I taught her to use her words as a way of relating to people, rather than tearing their faces up which is what she did as a baby. She was given permission to use words and she has never minced words. She has had problems knowing when it is OK to verbally let someone have it and when it is time to back off and stop pushing. My mother, my mother-in-law and a number of other people felt that rather than controlling her access to other kids-letting her have an experience then pulling her out and talking about what happened-I should just throw her to the wolves and let the kids teach her to deal socially. I knew instinctively, even before I understood the native culture of being cesarean born, that it was not right for Felice. One of the reasons I home-schooled her was that she could not deal with other kids her own age longer than a couple of hours and only in small groups. She could not make them understand how things should be. She knew perfectly well that if you want to get from point A to point B you go this way. You don't go that way or another way because this is the most perfect way. There was a total unwillingness to compromise or work as a team. As she got older I ran a Brownie and then a Girl Scout troop to give her the option of being with other kids. I wanted her to get controlled exposure to other kids so she could learn from the situation. She would come home and rage at the stupid paths that some people would choose to get a project done. To her those ways were wrong. An example-we had volunteered to do some planting around some of the trees on the main street when she was a Brownie. We had three tree wells we were supposed to work in. She felt that we should break up into three groups since we had a lot of kids, split the tools and the fertilizer and each group do a tree well however they wanted. The parents could stand around and give advice but she didn't think it was appropriate for the parents to do the planting. What the parents wanted was to do one tree at a time and have everybody work on it together. Everybody was crawling all over each other and nothing got done, and the parents ended up doing the work while the kids threw dirt around. Her response was to stand up and say: "This is the most ridiculous thing I've seen in my life." Then she went off to start digging in one of the other tree wells. That was not OK with the adults. I was standing back and letting the volunteer moms assist in this project. Felice flipped that they couldn't see that their way was not working. She couldn't bring herself to become a team member and do it the way the parents wanted, so she ended up sitting on the step and mumbling under her breath during the whole project. She also had a lot of trouble with birthday parties. She started planning them six months ahead. Then during the actual party when things didn't go as she had pictured them it would infuriate her. Jane: How long before did you know you would have a cesarean? Just a couple of days, but we had gone

to the cesarean class and we had made a list of what we wanted if the birth turned out to be a cesarean. Jane: Relate some of the special traits you've noticed about Felice to the birth experience. Felice chose her birth time. That was really important to me-that she not be "ripped untimely from the womb" so to speak. I had to have a cesarean because of a vaginal herpes infection. I went into labor and she was delivered within an hour. It was like her decision was made to be born, and she was born immediately with no pain. It was a done deal. "I choose to be born, therefore I am born." They delivered her head and suctioned her mouth, then there was a little trouble getting her long umbilical cord untangled. Watching the process (in a mirror) was a kick. It was around her neck and under her shoulder, back around her neck and under the other shoulder, so they had to kind of unwind her. She didn't cry, she kind of moaned, sounding like a calf. My husband, Ed, had made the operating team go out and find sterile soft cloth wraps, rather than that rough crinkly paper wraps they usually use. They wrapped her in the wraps and put the funny little cap on her. The team was so intent on this being a good experience for both her and me that I was allowed to have one arm not strapped. The wrapping and cleaning took only a couple of minutes, then Ed held her close to me and I put my arm around her. She immediately stopped moaning. She peeked out at me and was absolutely present and wide awake. Ed carried her to the nursery with his shirt and her wrap off so he could carry her skin to skin. So the first sensation she had was being right up against her dad's hairy chest. He sat in the nursery and rocked her for the 15 or 20 minutes it took them to get me sewn up and then brought her right back to the recovery room. Because there was nobody else in the recovery room they allowed me to nurse her there, maybe a half hour after she was born. She was totally there. Then Ed went and got her big sister Rachel, who was four then, and brought her to the hospital. Rachel sat in the big chair in our room and held her and talked to her for about a half hour. She was right there, just staring at her big sister, and totally awake. She didn't go to sleep for a couple of hours after the birth. It was like, "I choose to be here, therefore I am here. These are my three people and here they are." The hospital was wonderful in doing everything they could to keep us together. There is just no reason for a cesarean baby to be taken away from its mother. My anesthesiologist made sure I had regional anesthesia, and the absolute minimum amount. He likes to give as little as possible, knowing it is going to be a short operation. So you get sensation back very quickly. One thing I had not been prepared for was the feeling of not breathing when the numbness gets to the diaphragm. I started to panic. Typically, I found out afterward, if a woman panics at that point they put her out. And that happens often. My anesthesiologist talked me through it. He calmly put his hand on my chest and showed me that it was still going up and down. He let me know that if this was too scary he could put me to sleep, and that he could also work through the panic with me. As I mentioned, the hospital staff helped us stay together. I slept with her in my bed with the sides up so I didn't have to worry about getting up to get to her. She was eight pounds and I was hurting. Jane: You chose being conscious over not feeling pain. That's right. And there would have been no way that I could have sat up in bed with her. So I had her just lying beside me. And always before the nurses took her away, they asked my permission, which was very respectful. There were times in the middle of the night when I was glad to have her away for a while so I could sleep. I was so aware of her when she was in the bed that I just dozed and didn't really sleep. That was a really special time. I have talked with a lot of cesarean mothers who didn't see their baby for up to 24 hours. You could go into mourning. Jane: I did. It was 24 hours for me; the bond was gone; it was like a stranger they brought me back to her the next day. They let Felice and Rachel and Ed and me live together in that room for the four days that I was in the hospital, and it was a really special time. There weren't all the outside responsibilities, so we got to know each other. Many people I have talked to feel a great disappointment at the fact of having to have a cesarean when they had planned on a vaginal birth. But it is all in the planning. We were able to get things exactly as we wanted them. We had high hopes of having a birth in the alternative birth room. We had been scheduled to have the hospital photograph Felice's birth for a slide show on using the alternative birth room with a sibling attending. We had a coach for Rachel, and the photographers were all lined up. So that was a great disappointment for the family not to be able to do that together. In the actual birth, we

lost control of the method but we didn't lose control of the birth. It is important for people to see cesarean as a possibility and make plans. From the time I knew there would be a cesarean I focused on dealing with a very special little being. I wasn't dealing with my own issues over having had a cesarean. As for the level of satisfaction, I had as much satisfaction and sense of accomplishment with my cesarean birth as I did with my vaginal birth. With one you get the pain before and with the other you get the pain after. Jane: With one you've gotten the reward so you know the pain is worth it. With the other you get the pain and you aren't quite sure it is worth it, especially the first time around. There were points in Rachel's birth when if I could have backed out, I would have. Jane: What was your first response to learning about my cesarean birth ideas? It explained a lot. I had been raising this very difficult child who was about five when I met you. I was feeling good about what I was doing, but challenged by a lot of people. So your ideas were a validation that I was doing the right thing. One of the things I remember doing more of after I met you is giving her the experience of pushing through something. She had a lot of trouble when she was five or six in having temper tantrums and just losing control. By holding her and just letting her struggle I could decrease the length of a temper tantrum. It was like she had something to push against. When she would get into frustration or a temper tantrum she would get lost in it because she didn't know how to push her way through it. We would get down on the floor and just hold her. And she would struggle and kick and scream and then it would be over. And she would be so relieved, just kind of at peace. Jane: That's so good. The temper tantrum thing was about being lost and not knowing what was going on and not knowing how to ask for what I needed. Knowing your work has allowed me to validate her rather than trying to make her conform. Also to be aware that there are certain things that came automatically to Rachel that Felice had to learn. She had to learn about being sensitive to other people's needs. She had to learn about, and is still learning about how to stay out of other people's face. Jane: I'm still learning that too! She is getting really good at doing it most of the time, but if she feels wronged she will be in your face until you back down. Jane: Imagine yourself in one of your parenting classes, but it is a roomful of people who know they are going to have cesarean born kids. What is your advice to them? One of the first things is to take control of the birth experience. We are used to having more control of vaginal deliveries, and if you ask for it, if you demand it, the same kinds of options are available for cesarean births in hospitals. You can ask for what you want and make sure you get it. Caesarean babies need to be held close a lot longer than vaginally born babies. I think it is a mistake for anybody to put their baby into day care at two months, but it is an even bigger mistake to do it with a cesarean born child, especially non-labor ones. I carried Felice in a snuggli pack on my front for 11 months. I didn't know why I was doing it, but I knew that she needed it. It helped both of us. I understood her better because of that and she trusted me more. It is a lot of work for some families to do this but you have to be prepared to hold your cesarean born baby longer than you expect. Jane: You were able to do this because you had empowered yourself by being an early childhood education expert. You weren't easily swayed by other people's opinions. I had people telling me that I was spoiling her, that I needed to put that baby down or she would never learn to walk. I went through a lot. There are people who will vilify a parent for holding their baby. Felice didn't like to be held by anyone else. Looking back it was a positive thing that she was colicky early on and she'd throw up on anybody that held her! It was pretty self limiting. I could say to people, "You don't want to hold this baby because she will puke on you," and they'd leave her alone. It would be nice to have a lamaze type organization for parents of cesarean born kids. Because if we really listen to ourselves we know what to do, but it is so different from what society is telling us now. Independence and getting kids out on their own seems to be the thing that is being taught. Caesarean kids are independent naturally. What they need to learn is how to be close. Jane: Imagine you were talking to parents of a 5 year old cesarean, as you were when I met you. What do you say? I would talk about managing temper tantrums Jane: You say managing and it seems like a mental kind of thing, not from the heart. You have to turn it into a mental exercise at first because most parents are so horrified at temper tantrums. They are embarrassed by them and get angry. It is an emotional response. So you have to get a plan, stick it in your head and then manage it the way you planned, rather than

getting carried away with your emotions. Jane: If you are getting angry at the child's screaming and yelling it means you think they are doing something they don't need to do. That is the general response to a temper tantrum-that it is wrong. It is hard to pull back from that. So for me it was best to not try to make it go away but to follow the plan I had. Instead of putting her in her bedroom and shutting the door, I held her. Jane: Eventually you get enough experience of the effectiveness of holding her that it became the preferred way emotionally as well. She hated it-and she loved it. Ed has a harder time with anger than I do, so I had him rough-house with her. And she needed a lot of that. She just loved that land of rough-house. Jane: I remember telling a cesarean mother once after she and her son had a real set to, "Whew, that was some contraction." The idea is that this is labor. Was that concept useful to you? That made sense to me. "Laboring" with her was very playful and satisfying. It helped with the in-your-face stuff. It helped her learn boundaries. You can probably go into a preschool and tell which kids are cesarean born by how successful they are at staying out of each other's space, the pushing and shoving and touching. Jane: What did you learn about your own birth by dealing with this kid who had a foreign native culture? It made me think more about birth culture. I had a typical birth of my era-a drugged vaginal birth. One of the different things about Felice and me was that there was very little drug effect in her. I was drugged. There was not only the pain during my mother's labor, but there was the out of control part of being incredibly drugged for a long time. Not only did I have to make my way up the birth canal but up through this sea of drugged limbo. I asked my mother about my birth. I had a sense of the color of the room and the setup, but she didn't know because she was drugged. She asked my aunt who was the attending nurse, and I had the colors and the layout of the room correct. But until I talked to you about the drug aspect I didn't understand my feeling of appearing out of the dark into the light and then having to swim and swim to get to the top. That was the drugs. Jane: Imagine talking to a cesarean mother who has just heard about these cesarean ideas. Do you have any cautions for her, and pitfalls to avoid? One of the hardest parts is running up against the wall of your own birth learning. In a crisis situation where you are trying to get your point across to your child, there is a sense often of "Dammit why can't you understand what I am telling you?" Then you have to step back and try to put it another way, in her language. That is a conscious decision that is very hard to make. Jane: Your survival programming is different from hers. It is important to remember that as the parent you are the one who has to communicate in their language. And having to deal with the fact that you don't speak it very fluently is very difficult. Jane: Do you have any advice for people who are doing early childhood education and find that a lot of the kids they are dealing with are cesarean? Start a parent support group. That is so important. If you can talk to other parents who have experiences in common it helps a lot. Jane: For background, what are your credentials in the parenting field, besides having been a parent of a cesarean and a vaginally born. I have a degree in elementary education, but I went on to do a lot of graduate work in early childhood development. I began to teach parenting classes in the early 1980's relating to the human potential movement, working with the idea that as a parent you are your child's first and best teacher, and that the capacities and capabilities of children in the first five years of life are practically unlimited and open for us to tap. So when I got a kid that was real different I had to go back and take a look at how to apply that basic philosophy. Jane: Felice chose well-a mother who was well educated in parenting! I remember there were times when I would be walking her in the middle of the night-she was fussy for many months. I would be walking up and down and singing to her, "Thank you God for giving Felice to me because if you had given her to a teenager she would be dead." I think we make a mistake in our society in looking at cesarean birth as failure. I have talked with many mothers who feel their bodies failed them when they ended up with a cesarean. What I learned from Felice's birth was that for whatever reason it was the perfect birth experience for both Felice and me. In birthing classes people need to consider the possibility of a cesarean, so that if it turns out that a cesarean is necessary, positive plans are in place. Then you don't have to spend months and years recovering from your guilt and examining "what went wrong" You can focus all of your attention on the lightness of the birth. Jane: You had surgery before. The image of knife meeting flesh brings very deep reactions from most people. In most situations it is something

wrong. That is one of the first things we have to get over. My fear was that my water would break before she got delivered and she would be exposed to my virus. So I wasn't even thinking about the cutting at all. I had a big mirror so I could watch the whole procedure, but the surgeon shifted it so I couldn't watch the initial cutting. I didn't want him to do that. I wanted to watch, so he shifted it back. The cutting part of it didn't even cross my mind until after Felice was delivered. Then here I was with this gaping hole. That's when it hit me, "They cut me open!" Jane: I really appreciate your sharing this. There is so much about a cesarean that isn't talked about. Your sharing of the nitty gritty in this simple open-hearted way is wonderful. One of the things that did cross my mind was that when I had the ectopic pregnancy and I went into emergency surgery the incision was crooked. It turned up on one side and was straight on the other. So at the cesarean in the twilight state because of the Valium I remember asking if they could even up my scar so that if I was smiling on one side I could be smiling on the other! Jane: We have talked about pre-birth, the birth, infants, and five year olds. Lets talk about 5-10 and then teenagers. There will be parents of teenagers who discover this material and I don't want them to think it is too late. For parents of children all ages the boundary issue is important. We expect children to automatically know when they have gone too far. Kids generally understand this around ages four to seven. They begin to socialize into the adult world and begin to learn all the strategies for backing off when it is time. What I noticed with Felice, and I was more aware knowing your work, was that this didn't come naturally to her between the ages of four and seven. She didn't know how to back off. She didn't want to back off. She wanted to pursue her opinions and whatever she wanted to do to the logical conclusion, her logical conclusion. Parents need to be aware of this but not expect to be able to do any teaching in the moment. Felice's response to any kind of correction in the moment was to assume the prenatal position on the floor and plug her ears. She didn't want to hear that what she was doing was irritating everybody. We found that there were times we could sit and muse together. To help her see other ways of getting her point across was to make up little stories that I would tell her about imaginary creatures and children who would handle the situation in different ways. I was teaching her with the stories. Jane: You just gave yourself an assignment to write down some of those stories for me. They can be tools for parents. You have created them and need to give them away. Do you understand that you are a pioneer in this? I don't know of many people consciously parenting a cesarean born kid. I'd like to see some statistics on the number of teens in trouble who are cesarean. I can see that being misunderstood for a whole lifetime can lead to trouble Jane: Lets go back to the 7 or 9 year olds. Imagine you have just learned about these cesarean ideas and you see you have been criticizing your kid for what you now know are cesarean traits. How do you deal with your own guilt, how do you change their expectation of criticism? It would be hard to manage the guilt about having blown it. It doesn't make any difference that you didn't know. I have had parents of older kids come to my parenting classes and learn how much a tiny baby can learn, and cry and cry that they didn't do it. Personal forgiveness is an important step in taking up a new way of thinking. The next step is to examine the points of conflict between you and the child. Is what is driving you crazy a boundary problem? Is it a style of getting things done that is different from your own, caesarean traits? With time you can begin to distinguish between style differences and basic behavior problems. With birth learned style differences what you are going to do is change your attitude and the way you respond. You have to see that there are different things you are responsible for teaching a cesarean born child. You have to be subtle; most kids don't want to hear that it relates to their birth. Jane: I had a couple of conversations with my 11 year old cesarean born nephew this summer. He is kind of interested in all this. I felt I was planting some seeds that may lie dormant for a while, but they are there. What is the best age range to talk about this and share some stories? He is at the calm before the storm. Between 10 and 12 kids generally are old enough that they are taking care of a lot. They are so easy to handle compared to the past that you are tempted to take a break in parenting. But that is the time when you can get so much information into them. They are interested and receptive. Jane: There are children's books about being adopted and about being in a single parent family. Should there be books about being cesarean? A good age to have a book about being cesarean would be a young person's

novel, for 10 or 11 year olds to process that information. Younger children cannot separate themselves from their behavior to see that they are different. Jane: Now the real problem. Say you have a 15 or 16 year old, in the thick of the teen years. You discover this information. Then what do you do, just hunker down and wait? You have already raised 3 teens-Rachel and Ed's two, your step children. What do you suggest? It will be difficult. If you haven't honored the birth learning up until now it is not a tune you can expect to make big changes. It is a period of acting out. You have very little control. You have a long history with that child of criticizing the way they are. But even during the teen years there are periods of lucidity. Sit down with them and talk about what you have discovered. You can expect that they might not acknowledge that they have heard you. But years later my three have written me wonderful notes at Christmas, Mother's Day and graduation validating that information did get through and it did make a difference. Just tell the teen that you were ignorant of this information, but here it is. Jane: It is never too late. When I was preparing for my first presentation on cesarean birth about 1980, the first people I showed my slide show to was my parents. That was really a scary thing to do, but otherwise this work would have been the proverbial castle built on sand. And afterwards my dad said to me, "This helps me understand how you were when you were little." I was already in my 30's and that helped even then. It is never too late. To validate them as a teenager is all you can do. One thing I have noticed about Felice is she sees things so clearly that when someone else doesn't see as well she loses respect for them. One of the things that she is learning is that she needs to respect other people's perspective and viewpoints. Jane: You were very clearly able to offer her as a gift this learning about boundaries, instead of just criticizing her for not knowing. She will come now and ask about boundaries. After a situation we will talk about where it would have been better if she had stopped. Most vaginally born people would have an automatic sense. She has to learn when to back off. Vaginally born people don't always retreat, but they pick their battles. She has to learn that.

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