

(introductory music)

DISCLAIMER: *Taking Back Birth* is a production of the Indie Birth Association and indiebirth.com. No material on this podcast should be considered medical advice. Birth is not a medical event.

MARYN: Welcome to Indie Birth's series of podcasts here on iTunes, *Taking Back Birth*. Today we have a very special guest—all of our guests are special—but this one is particularly special, I think, for the listeners that frequent these podcasts. We're going to be talking today about cesareans and, in particular, a specific type of cesarean and a really cool organization that this woman has come up with to support these special women. So today I have Jessica Tiderman, a very dear friend and fellow midwifery study, from Special Scars, which is her organization. Hello. Welcome to our podcast, Jessica.

JESSICA: Hello. I forgot to tell you it's actually Tiderman.

MARYN: Oh, Tiderman. I'm sorry. That's like me with my last name too.

JESSICA: I totally understand. It's okay.

MARYN: I apologize. So there we go. Jessica Tiderman from Special Scars. So let's see. Where do you want to start? Do you want to start with your story and kind of get into how you came up with this group? I think that would maybe be a good place to start.

JESSICA: Sure. My first birth was a—just a typical hospital induction. No big deal. And my baby, blah, blah, blah. I mean it was miserable, but it's a hospital birth.

MARYN: Hey, that was my first story too.

JESSICA: And then my second one was another hospital birth. My water had been leaking for a couple of days. And I finally called my doctor, and I'm like, "I don't know what's going on." And she's like, "Well, come on in. We'll check you out." And there—they tried to say that I was having a fever, but I don't know if actually had a fever because I didn't check my own temperature because I didn't know any better. And they ended up inducing me because I was not in labor by any stretch. And my daughter ended up in a very bizarre brow presentation. So that ended in a cesarean because brow presentation just don't work. Sorry. I have a train.

MARYN: You have a train.

JESSICA: And then my third daughter—she was a very active baby. And for the last probably six weeks of my pregnancy, every week she was in a different position. She was breech. She was vertex. She was breech. She was vertex. Every week back and

forth. And when I went for my 39-week appointment with my obstetrician, she was breech again. And my doctor said, "Oh, I don't know. I can't do a breech VBAC. I can't let you do a breech VBAC. She's getting too big. There's not enough room for her to flip again. We just need to schedule a cesarean because I can't do a breech VBAC." And not knowing what I know now or anything any better than what I know, she—I was like, "Oh, okay." And because she totally played the, "You know, you're getting so big. And it's hot. It's almost summer. We can just be done. Let's just be done." Oh brother.

MARYN: Yeah. Well, I mean how many women feel like that at the end of a pregnancy anyway. It's the perfect—

JESSICA: I know. She totally played on my emotions. And in hindsight, it was frustrating for me too because my first daughter went beyond 41 weeks. My second daughter was right around 41 weeks. And this is at 39 weeks we're talking—we're having this conversation. And I'm thinking, "You know what? She's still got two more weeks before she's going to be ready to come out." But I fell for it. And I let her schedule the cesarean for about five days later. And we went in that morning, and they did the whole prep thing. And when she started the cesarean, I was watching in the room of the light. I didn't have a mirror up, but I just—I could see enough in the room of the light over the bed that I knew what was going on. And when she made the first incision on my uterus and all the water gushed out and then I saw this little hand pop out, and I was like, "Oh, hi, baby." And I was like, "Oh, shit. That's not going to work." Because I knew that meant she was laying sideways across my belly. And so the doctor started (inaudible) with me and the baby. And she—trying to turn her vertex. She tried to turn her breech. She tried to turn her out of that low transverse incision. And it didn't work. Generally, when you have an incision that is the same pole as the baby—like right along their back—that that doesn't work.

MARYN: Yeah. Yeah. Just logistics.

JESSICA: Yeah. It is. It's just pure logistics. There's just—but it also tells me that my daughter was in the process of flipping again and had we waited a few more days she would have been vertex again. Of course. If anything, that cesarean taught me patience.

MARYN: Oh, I'm sure.

JESSICA: Let's wait until the baby decides to have—to go into labor and be born because the baby knows what position it wants to be in. Let it decide.

MARYN: Sure. Yeah. That's a really—I'm sure that was a really good lesson but good for other women to hear too. That we do create—we do create more issues when we don't allow things to settle. Yeah.

JESSICA: Yeah. For sure. Because then, I'm still watching in the room on the light. And my doctor—I had to listen to my obstetrician have a panic attack over me because she couldn't get my baby out which was awful. And then she paged the attending doctor, whoever was on the floor. And he couldn't come because he was doing another birth. And she had a student stand in there watching which was not a pleasant experience either, but that's a whole other story. And she had to ask him to step away from the table. I think she asked for one of the nurses to come and try to help her get some leverage. She paged the attending doctor again. He still was busy and couldn't come. So she was on her own. Apparently, she had never been in a situation before. Judging by her level of panic. And then I finally watched her do the vertical incision in the center of my low transverse scar going up so that she could get a hand in to get the baby and swoop her out one way or the other. I still don't know if she got her breech or vertex. But oh there was something there, and it went away. Sorry.

MARYN: Wow. You don't hear that every day though. I think even that alone—I mean this is a very complex experience for you, so I don't mean to undermine that. But how many women out there think that a cesarean is just really simple and easy? It's the safest option for themselves and their baby and no big deal. They just—it's over in 10 minutes, and there's never—or aren't issues frequently and certainly not this issue of not being able to get a baby out. I mean that's—who would know that?

JESSICA: We do.

MARYN: Yeah. Yeah. And that's so valuable for women that are considering just the obvious, which is going under the knife for no good reason really. Gosh. That's frightening.

JESSICA: Yeah. And one of the things that I have been—that I have recommended to women since my experience, if you are going to opt for an elective cesarean, have them do an ultrasound right before you go under the knife, so they know exactly what position the baby is in. Because you still—it still counts. It still matters. If that baby is not in a good position, don't do it. Just wait.

MARYN: Yeah. Just wait. That's great advice.

JESSICA: Still. It matters. If you have a transfer for the baby, you're going to end up with a vertical scar. Either they're going to tear you while they're trying to get out of that low transverse, or you're—they're going to have to cut you. Either way, that's on your record. It's like a life sentence. It's on your record forever.

MARYN: Yeah. Yeah. So for those people who don't know this already, I think you've already hinted at it at least. But the low transverse incision is considered, I guess, the

most common, right? And sort of the safest to attempt a VBAC and for just general healing.

JESSICA: And the lowest risk.

MARYN: And the lowest risk. So tell us more about the percentage of women that end up with a special scar? And maybe tell us what a special scar is.

JESSICA: The special scars are pretty much anything other than a low transverse. And there are so many. We have the myomectomy scars. So anybody that's had a fibroid removed, that scar could be anywhere on the uterus. Anywhere.

MARYN: My gosh. I didn't even consider that.

JESSICA: Yeah. Those are—and it can be any depth. If they only just had to go through one layer or maybe part of the myometrium, which is the middle, thick layer, then it shouldn't really pose that much of a risk. But still, it's unknown. They don't know for sure what it's going to do. The rupture scars, which we have rupture scars that have been all over the uterus. They can rupture wherever. It doesn't necessarily have to have anything to do with a previous scar. All of the vertical scars. We have the low vertical, a regular vertical, which could be anywhere. And then the old-fashioned classicals, which the way that they're noted in surgical reports now—if a doctor says that he used a classical on a woman, it probably is not the original definition of a classical. Because those were almost completely in the fundus, in the top part of the uterus. And now they're mostly—they try to keep them as low as they can. But if it's preterm or if the baby was very, very small, then it might be higher up than the low uterine—lower uterine segment.

MARYN: So what percentage of women having cesareans are getting these kind of sort of off placement of incision?

JESSICA: We don't know for sure. Nobody tracks that. (inaudible) It was suggested in a book called *Natural Birth After Cesarean*—they suggested 5%. But I have no idea where they got that number from. 5% of all cesareans are special scars. So I—like I said, I don't know where they got that number from. I didn't ask them.

MARYN: But in your experience—I mean, obviously, you came up with this organization, Special Scars, after your experience. And in your daily interactions and all that—I mean, of course, it's anecdotal, but what are you seeing? Are there just tons more women sort of coming forth with these experiences? What are you hearing from women?

JESSICA: I don't know. We've only touched a very small percentage of the population. So I can't even guess. I'm guessing it's probably more than 5% of all cesareans. But I

don't know how much more because I know that there are—I think there's about 400 women—I think we might be up to 425 in the Facebook group who have all had some kind of special scar. And I know that we're only touching a very, very small percentage of the total population.

MARYN: Sure. I mean, gosh, it's like any area of birth, I'd imagine. I mean first of all women have to know that they even have one, and that might sound silly. But I think there's probably women that have no idea what happened. They haven't seen their—

JESSICA: For sure. There's a lot of women that don't know until their next pregnancy. And then their OB looks at their records and says, "Oh, well, you can't VBAC because you have this J or inverted T or this upright T," or whatever. Because little extensions get made fairly regularly. And they never tell you. But the big one (inaudible)—the bigger ones or the scarier ones, the women almost—I'm sorry. Almost always know immediately because they can feel the panic in the room, and they know something is going on. Or their doctor will come to them an hour after they've had their surgery and say, "Oh, your uterus was so thin, it just shredded right under my fingers." Oh brother.

MARYN: Oh dear. Yeah. Gosh. I've heard that one a million times. Or not a million. But you know, lots of times. Lots of scare tactics. Well, and that's obviously, I think, why we're talking today is to get the word out about there being this group for support. So when women do find out and their doctor looks at them in horror and says, "Oh, god. No. You're not going to be able to have a vaginal birth," that this is a great resource because you went on to have a vaginal birth, right?

JESSICA: I've had two.

MARYN: Yeah. Two. And just going over your site, tons of articles about things to consider. So I really enjoyed that. I mean I think your one person, and that's awesome. But hearing other people's stories as well and the information you're providing there for things to women—for women to consider is something they probably didn't even know what possible at first.

JESSICA: Yeah. We get a lot of women. And well, they'll come to us, and they'll be like, "I had no idea. Everybody has told me that I'm absolutely crazy for even considering it." Considering the idea of having a vaginal birth after whatever awful cesarean they had. And we're like, "No. You're not crazy. Either you are, and you're in good company. Or we're all not."

MARYN: Right. So how—

JESSICA: We haven't decided yet.

MARYN: Oh right. Well, that kind of goes for all of us, I think, in this little world outside of the mainstream box where we just don't believe everything we're told. Yeah. So how was it for you? I'm just really curious. I'm sure people would love to hear your story. So you had this special scar. Obviously, you got pregnant again. And I mean what set you off on, "I'm going to investigate this. And I'm going to come to a place where I feel like this is the right choice for me"? What got you there?

JESSICA: Right. I have always been rather bullheaded. I don't know if you know that about me.

MARYN: That's a great quality. I love it.

JESSICA: I don't always just say, "Oh, okay," when somebody tells me what I should or shouldn't do.

MARYN: You question things.

JESSICA: Yeah. I do.

MARYN: Number one ingredient to owning your birth. Question things.

JESSICA: Yes. Absolutely. And at first, when the doctor told me that I would always have to have a cesarean, I didn't question it. And it was a long time before I got pregnant again. And I got pregnant on accident. I didn't—wasn't really intending to, so I was not prepared for it at all. And when I—and I, actually, had gotten divorced and remarried, so my new husband had no idea what all this meant. He had never been through a cesarean. He didn't have any kids at all. So he didn't have any clue what anything meant. So I kind of had to coach him a lot and explain everything.

MARYN: Maybe that's a blessing, huh? I mean who knows? I guess it could be both.

JESSICA: I think it is because a lot of the husbands or fathers of this special scars babies are terrified (inaudible). Anything so long as you're both alive.

MARYN: Sure. Sure. Nothing else matters.

JESSICA: And they don't get that there are so many more risks with the cesarean than there are with attempting a natural birth. So I got on the main ICAN Yahoo group. And (inaudible) I was just looking for referral for a family-friendly cesarean because I just didn't want to have another awful cesarean experience. And a couple people messaged me and said, "Hey, you don't have to have another cesarean." And I'm like, "But you don't understand. I have this inverted T. It's—there's a vertical on my uterus. And it's eight centimeters long," which is fairly long compared to most of the other special scars that I've—women that I've talked to. And they're like, "But no. Really." And one woman emailed me. She had had a very high transverse scar because her first obstetrician let

a student do her cesarean and didn't correct him when he started cutting way too high on her uterus.

MARYN: Oh my goodness. Holy cow.

JESSICA: And yeah, right? But she found a doctor that would let her try to labor. And she had a wonderful hospital VBAC. And then somebody else messaged me that they had—I don't remember what theirs was specifically. But there were a couple of other people that emailed me privately and said, "My best friend did this, or I did this," or whatever. And I'm like, "Well, okay. maybe we can do this."

MARYN: That's awesome. I love hearing about that kind of community. It's like we don't have that necessarily in our own local towns anymore. But it's one great thing the Internet does is just connect women like that that have similar stories and encourage each other.

JESSICA: Absolutely. So I knew that none of the doctors in my area were going to allow me to even try because I live in Toledo, Ohio, and it's very conservative medically. And we're lucky they don't all have VBAC bans entirely. So I started calling around to the home birth midwives to see because I mean I had never even considered having a home birth. I didn't know anything about having a home birth. And I was really disappointed at first because they weren't returning my calls. And I'm like, "You guys, come on. Just talk to me and then tell me no. I don't care. I want to know what my options are."

MARYN: Right. Right. Right. Do you think they were freaked out by the prospect of that? Or some—they were just busy?

JESSICA: Well, let me tell you my list of risks for that pregnancy.

MARYN: Oh, okay. Well, there were other things then.

JESSICA: There were other things going on. It was kind of funny. I had the inverted T scar that was eight centimeters—the vertical part was eight centimeters long. And my medical records quote it extended well into the fundus, which I disagree with now. But I had an anterior placenta that was probably right on top of my scar. I was 35, 36, so approaching geriatric.

MARYN: Sure. Sure. Super ancient person there.

JESSICA: Yeah. Right? And there was a couple of other things. I don't remember. But just hearing the scar on top of the inverted T, I think, is what really scared a lot of people off. And finally, I got one midwife called me back. And she's like, "Yeah. We

can do that. I've been doing VBACs since the seventies when they were all classical. Don't worry about it. We got this." And I was like, "I didn't even think of that."

MARYN: Yeah. Yeah. Interesting.

JESSICA: So I met with her and her partner, and I ended up hiring them. And I had a great birth. Everything was perfect. I mean it couldn't have gone any better.

MARYN: That's wonderful.

JESSICA: And my placenta—I have very strange placentas, I've discovered. My placenta came out in pieces. I don't know why. But at least, it was reassuring to know that it was no adhered to my scar abnormally.

MARYN: Sure. Sure. Definitely no adherence there, huh?

JESSICA: Right.

MARYN: Yeah. That's wonderful. So wow. I think that's so inspiring. Again, I mean, women are probably not even considering they can have a vaginal birth, and then you went on to have a home birth, which is just really inspiring.

JESSICA: It wasn't a free standing birth standing birth center because they were about an hour away from me. And they needed to be close to their other clients. But still—yeah. It wasn't a hospital birth center. It was completely unassociated with any hospital at all with home birth midwives.

MARYN: Yeah. That's great. So what do you do when women come your way and they're starting to learn sort of the truth that this is possible? Maybe they even know a little bit about physiological birth or whatever. How do you assist them? Is there sort of a network of people that you know that might help care for these women when they're having trouble finding somebody? Or do you just kind of—yeah.

JESSICA: I have a super secret list that nobody is allowed to see the whole thing but me because we're protective of our care providers. Even the doctors because we don't want them to be ostracized or penalized by their peers for helping us.

MARYN: Sure. Sure. It's a political issue.

JESSICA: I keep a list. Oh, it totally is a political issue. Because there are some doctors out there who give women special scars just so they won't try to VBAC again.

MARYN: Yeah. We could talk all day.

JESSICA: Seriously. I am not lying. People—oh yeah. People look at me like I am the biggest conspiracy theorist when I tell them that. I'm like no. I have heard it from people who were sitting in their office. No. I know it.

MARYN: I mean I don't doubt it at all. And I think for people that don't believe in that sort of thing you just really have to reconsider every choice you get to make in your birth you have to understand that you're the only one that cares as much as you do. I don't care what your situation is. I don't care if you've had a cesarean or not. I don't care if you have twins, breech, whatever. You are the only one that cares as much as you do. So you have to come to a place where you know what's best. And not every woman will attempt or want a vaginal birth. And that's fine too. It's just coming to the place where you know what's best for you and then you can find somebody—yeah. Because you know as well as anybody, if you leave it up to a professional to tell you what to do, 99% of them are going to tell you you're nuts.

JESSICA: Yes. And we do hear that a lot. And when—so usually when somebody is looking for a care provider, I ask them where they are. And I check my list. And if I don't have anybody in their area, which I don't have a coverage for all areas which is unfortunate and frustrating, but—

MARYN: Well, you're working on it I'm sure. It'll come.

JESSICA: Oh, I am. And I always remind them whenever they've had a good experience even if they still end up with another cesarean if they like their doctor or whatever and they felt like they were treated with respect, I always ask them to send me their care provider's info, so I can add it to my list. And in areas where we don't have anybody, I suggest trying all the home birth midwives, if they're comfortable with the home birth idea. If they really want a hospital for the safety factor—and I always do explain that it's somewhat (inaudible) imaginary. It's not—there isn't really any more safety in the hospital than there is at home. But I just suggest (inaudible) likely be up to it in—somebody in a small country hospital. I live out in the middle of the country, and all the doctors have just complete VBAC bans. (inaudible).

MARYN: Oh, you're cutting out a little bit. Can you hear me?

JESSICA: (inaudible) ridiculous because if—I can hear you. Can you hear me?

MARYN: Yeah. It's kind of cutting in and out.

JESSICA: Let me try and move—is that better?

MARYN: If I'm not echoing, it's better.

JESSICA: You're not echoing.

MARYN: Okay. There you go. Yeah. No. I mean I'm in somewhat rural place too. And there is a VBAC—they don't do VBACs at the hospital here either. So right. It's weighing your risks and benefits of even going two hours away to quote on quote attempt a VBAC. That's a whole other issue for sure.

JESSICA: Right. Yeah.

MARYN: So what about women that come to you and don't have anybody near them and are interested in having a free birth or an unassisted birth? Do you have specific resources for them or support for them?

JESSICA: We've had a few that had unassisted births. My last one was unassisted because I had moved farther away from those midwives. And I couldn't find anybody in my new area that would support me. So I started out that pregnancy with an OB/CNM group. And actually, the OB and the one CNM were very nice and supportive, and, I mean, they were hesitant. But they were like, "Well, you did once already, so I think you should be okay. We don't know." But the other CNM was awful. She was so mean to me. And I was like, "I can't imagine even laboring with her anywhere near me. So yeah. I'm just going to do this at home by myself. Thanks. Bye."

MARYN: That's awesome. That's awesome. You got to protect yourself. I always say—I mean nothing is guaranteed in life or birth. And so why would you put yourself at risk by being afraid or at someone else's mercy especially when they're so fearful? It's just that doesn't serve anybody in birth. Good for you.

JESSICA: So we talked to them. We don't—I'm trying to think. Usually, when women decide that they want to have an unassisted birth or a free birth, and they usually go looking for outside sources. They'll find the other free birth groups. It's not—at that point, sometimes it can get a little difficult. And we try to be very careful to make sure that nobody bashes any of the mothers in the Special Scars group for their choices. But it can be tender and sensitive and hard. So they usually just—sometimes they'll talk about it right on the group. And that's fine. I'll tell them about my experience, and the other women who have had unassisted births will tell them about their experiences because we've had quite a few now. But usually for—if they have specific questions, they'll go outside of the group for that which is fine. Because at that point, it's not really a special scars specific question.

MARYN: Right. Right. Yeah. For sure. There's a lot of—a lot involved there. I totally get that. Yeah. It's just interesting that—well, I mean any sort of high risk pregnancy, women have trouble finding somebody. So I would just think that there would be more, in a sense, women with special scars kind of considering that just because, like you said, lots of people—lots of care providers don't want to go there. So these women, on a whole I would imagine, are just—whether or not it's an unassisted birth or not, just

even in their pregnancies probably have to have a good deal more autonomy and all of that than sort of your average woman. Just if they're not feeling supported.

JESSICA: Absolutely. And the—yeah. And the ones that want to have a VBAC really, really have to shore themselves up. They have to be firm in their decision because they'll get it from all sides. Their families.

MARYN: Oh gosh. I can't imagine.

JESSICA: Their partners. Their friends. I mean I (inaudible)—I had a nurse friend of mine during my first VBAC pregnancy. She was terrified. And she talked to another nurse friend of mine, and my other nurse friend was totally awesome. And she was like, "Well, I'm sure she's researched this. And she's making the best decision she can for herself. There's nothing we can do about it. It's her life." I was like yes. Thank you.

MARYN: Yeah. Yeah. If only more people felt that way, right.

JESSICA: But you get it from the most unexpected places.

MARYN: Yeah. Yeah. And, obviously, that's for women just planning VBACs or, again, any high risk situation is everybody wants to weigh in their two cents. So they do have to be really committed and strong and, hopefully, have support because that's rough.

JESSICA: Yeah. It is.

MARYN: Well, there's lots of great resources on Jessica's site, which is specialscars.org. And I've enjoyed reading through there as far as things to consider before attempting a VBAC with a special scar. Just more information and support and studies as well. So any sort of last words or advice you would have for somebody that does have a special scar just when they are considering getting pregnant again or do get pregnant again? Any words of wisdom for them?

JESSICA: Don't settle. When you're looking for a care provider, make sure that it's one that you feel comfortable with, that you really believe is going to help you get a VBAC if that's what you want. Because I—provider sabotage makes me so sad. I see it too much.

MARYN: Yeah. I bet.

JESSICA: Just that. And educate yourself. Because if you educate yourself, a lot of them will be more likely to assist you or at least not try to scare you out of it because they know you know what you're talking about.

MARYN: Yeah. That's great advice for anybody really. I mean the more we know the more confident we'll be. And less likely to be bulldozed and more likely to make the right choices for you really.

JESSICA: Mm-hmm. And then no matter what the outcome is you knew every step of the way that you had a say in it, and you were in charge. And you were still calling the shots.

MARYN: Yeah. Yeah. Yep. I love to hear it. That's exactly what we attempt to communicate as well here at Indie Birth. So I love that you are on the same page and that you have just a special place in your heart and are doing all this hard work for this specific group of women. So thank you so much, Jessica. I think that will be really helpful for people to hear.

JESSICA: You're welcome. Thank you for having me. I really appreciate it.

MARYN: Yeah. Thanks for listening, everybody. Join us on our other podcasts. You can find them on indiebirth.com as well as blog posts and lots of classes. Our five-week class is called How to Have an Indie Birth. And that can be done all online, so visit us. And thanks for listening.

(closing music)