

(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*. Hi, Maryn here today with an interview. Really excited to talk to Mama Rachel, who experienced eclampsia many years ago with her first pregnancy. So many of you know I am teaching a class on prenatal complications. And as divine timing usually happens, Rachel and I crossed paths on Facebook where she shared just a little bit about her story. And I could tell she was hesitant because it's a pretty intense story. So all fair warning. If you don't want to hear about the complications that can often come with some pregnancies. But I was intrigued and really wanted to get a hole of Rachel right away to be able to share her story. I think these rare complications are so important because we have so much textbook information and not a lot of women wanting to share so that they could help others. So I am so glad you are here, Rachel, and I can't wait to hear this story.

RACHEL: Thank you. I'm excited to be on here.

MARYN: Yeah. So do you want to give a little intro about yourself? Just where you live and how many kids before we dive in.

RACHEL: Sure. So I live in South Carolina. And I am mama to a ten and a half year old. And that's my eclamptic baby. And then I have an eight-year-old son, and I am about 37 weeks pregnant with my third.

MARYN: Awesome.

RACHEL: And so—yeah. That's just a little bit about my family. I have been for 11 ½ years.

MARYN: Oh, that's awesome. Congratulations on your—on all of them, of course.

RACHEL: Thanks.

MARYN: That's exciting. You're about to birth pretty soon. We'll have to maybe have you back to tell that completely different story, if you want.

RACHEL: Yes. Yes. I'm excited.

MARYN: So let's start at the beginning for those listeners that might not know what we're even talking about. I have a feeling you're quite the expert on this condition called

eclampsia. Most people are probably more familiar with pre-eclampsia. But that, of course, is just the precursor to what you experienced. So why don't you take it away and just kind of tell people what this is? And maybe what some possible theories behind it are.

RACHEL: Right. So, like you said, most people have heard of pre-eclampsia. And pre-eclampsia is just a disorder of pregnancy where there's high blood pressure present. Typically like 140—or over 140. Sometimes there's large amounts of protein in the urine or other organ dysfunction. And so with eclampsia, that is when mama experiences the onset of actual seizures. So that's where you get the pre—pre-eclampsia. So before eclampsia and then there is the actual onset of seizures, which is what I experienced. And I was not diagnosed pre-eclamptic at all. Either my signs were just overlooked or under cared for or I didn't educate myself enough to take myself to the hospital before the onset of seizures. So that is basically eclampsia in a nutshell. Seizures. The onset of seizures. And there are different theories. Sometimes people think that it occurs in younger women like teenagers. That it's more prevalent in teenagers. It is sometimes more prevalent in overweight women, first time pregnancies. So that's just a little bit about, I think, probably all I got to say about kind of definition.

MARYN: Yeah. Well, and just so people know too, if they don't, that this disorder has been around for just about as long as anybody has been keeping track of anything by writing. So it's kind of mysterious still, wouldn't you say? That we've come this far in time and still we're not exactly sure where it comes from. There are theories. But in other words, it's been around a long time, and it does get missed. And that's the whole crux of the matter.

RACHEL: Yeah. There is truly so little information. When I experienced it—I mean my husband was handed a piece of paper that had about a small paragraph of what his wife had. And our experience with it was his aunt had had pre-eclampsia and had two premature babies. So that's kind of—we had heard of pre-eclampsia and we just kind of associated that with premature babies. She had babies around 30 weeks gestation.

MARYN: Right.

RACHEL: And so when we heard eclampsia—I didn't. I wasn't hearing it in the hospital. I was just being treated. But he had no idea. So it is still very under researched, and there's really—there really isn't enough information out there. I know after experiencing it, trying to find information, there is very little out there. And there, of

course, is now more over the last ten years. But still there is still so many different theories and so many unknowns.

MARYN: Sure. Yeah. And not even just the theories, I don't know that you really experienced this part since you didn't knowingly pass through the pre stage. But there's also a lot of differing opinions and information on even diagnosis. So unless somebody is visibly ill and all of that, there's a lot of women that kind of are hanging in this maybe being diagnosed but actually don't have it. And then, of course, this group of women that actually do and are really sick and are being missed. So it's just kind of a confusing thing.

RACHEL: Right. And like everything, it's all so individualized. And so my blood pressure never—well, it didn't get close to 140. But because I had low blood pressure to start off with, when it did get up to 120/80, that was very concerning for me because that was 30 points higher or more than usual. But for the average nurse taking blood pressure, they say, "That's wonderful. That's perfect. You're doing great."

MARYN: Exactly. Exactly. And so were you seeing a doctor at the time? Or what was your care provider at the time?

RACHEL: I was. When I got pregnant, I really was not very educated in the whole birth world. I just looked up the closest OB/GYN. And that office happened to have 5 to 7 doctors or so. No real red flags or anything. They were kind of similar practice all over town delivering at different hospitals. And so I just hopped onto the little conveyor belt of conventional obstetric care. And what they said, I pretty much did. I never questioned the Doppler or ultrasounds or exam or the sugary diabetes drink. Nothing really.

MARYN: Sure.

RACHEL: So yeah. There was no thought. I mean I had hardly ever babysat in my life. I was not very familiar with babies and pregnancy and everything. So I really did not fully understand my options or explore my options.

MARYN: Sure. Sure. Right.

RACHEL: I know that I want to have a natural drug free delivery. But I figured I would just do that in a hospital under the care of just a traditional conventional doctor.

MARYN: Right. Yeah. Totally. I did the same. I totally did. Yep. Yeah. Well, you learn, and you end up changing. So I know that's the case for both of us.

RACHEL: Yes.

MARYN: So in your first pregnancy then, we'll get to, I think, of course, when you started to not be well and that it's generally later in pregnancy for people that don't know. So when you kind of look back on your pregnancy, what do you see now? Were there signs? Was your—were you super stressed? What about your nutrition? What have you learned that has helped you have healthy pregnancies in the future, as I'm assuming you have?

RACHEL: I think nutrition is so important. And toxicity and things. I think I was very toxic. I had a pretty stressful pregnancy. My husband and I were not planning on getting pregnant after three or four months of marriage. And so we were young, and I had just graduated college. We had just bought a house and moved to a different city and started a new job. And so it wasn't like I was super stressed out, but those are major stresses—

MARYN: They're very major stresses.

RACHEL: Yeah. Whether you recognize it at the time or not. And I was very sick throughout the pregnancy. I took store bought prenatal vitamins as often as I could stomach them. I eventually was given nausea medicine, which then made me constipated, so then I had to take something for that.

MARYN: Right.

RACHEL: I worked a full time job, and so I was on my feet standing a lot. And I would get dizzy. And I would actually faint regularly, and there's probably that connection with just low blood pressure, kind of a—I was pretty thin before I got pregnant. I had this scale that would measure—let's see. What's it called? Your body fat. My body fat was 16 or 17%. And so I was thin. I had low blood pressure, and so I would faint regularly. And so that was a concern. I would always tell my doctors about it because my family knew about it. And they said, "Rachel, that's not normal. You need to tell your doctor." And I would. And they just kind of dismissed it. So that was really kind of the main issues up to about 30 weeks. I had a total aversion to pretty much anything healthy. Vegetables. Anything like that. But I did not have gestational diabetes or anything. And I'd say around the 30-week timeframe was when my blood pressure started to climb just a bit. My blood pressure was around 80 to 90 over 50 to 60.

MARYN: Oh wow.

RACHEL: And so by that 30-week mark was when it started just escalating a little bit. It wasn't straight to 120/80 or anything. But that was kind of the marker of the pregnancy was that 30-week mark.

MARYN: Yeah. I mean that's really important that we compare our baseline readings and get to know our own numbers too, I would say, so that we know that it isn't normal for us. How about your nutrition? I mean I heard what you said about being sick and not being able to eat much. But did you gain weight? Did you feel like—was anybody assessing that with you? Were you getting enough? Especially for being stressed and being underweight and really active? Did you feel like you had support or were you just trying to get by? I'm curious what you actually—

RACHEL: I actually did gain 40 pounds. So somehow or another I did eat. I was able to stomach. I found myself, which it's different with this pregnancy—with that first pregnancy, I was so nauseous. And it was like while I was eating the nausea would go away. But then after eating, then it would come back. It would come back again. And so it was just this balancing act of I'm hungry. I need to eat. It'll make me feel better at the moment. But then it made me feel worse afterward. So yes. Even though I did start out very thin, I did gain those 40 pounds. One of the theories is that first time pregnancies possibly more prevalent in younger women, teenagers and things. And so with my body fat and how it was, maybe that was—maybe that correlates to one of those theories is that my body maturation was kind of younger than what I really was. I was 22 when I was pregnant and when I delivered.

MARYN: Yeah. Yeah. That is quite young. Interesting. Wow. So okay. So you get to about 30 weeks when, hopefully, most people are feeling really great. And you're starting to show symptoms. So was the blood pressure—who noticed that first? Or maybe didn't until hindsight. I don't know.

RACHEL: No. I did. Every time the nurses would check my blood pressure and it was higher than usual, I would tell them what my normal range was and that the numbers that they were recording were higher than usual. Their typical reply was, "Oh, that's a wonderful reading. Everything is fine. We start getting concerned if it's closer to 140."

MARYN: That's so bizarre. What is the point of people writing things in charts if they're not going to look?

RACHEL: Right. Right.

MARYN: That's very disturbing.

RACHEL: I was an open book. I would tell them that. But it wasn't like I would say, "Hey, let's look back at my baseline." I wasn't that much of an advocate. I kind of trusted them. I figured okay. I mean it's the first time I'm doing this. So I'm not completely aware of anything. But I just always—if it's higher than my normal, I just want to call attention to that just in case they know something that I don't know.

MARYN: Sure. Yeah. That's really smart. I mean honestly I don't think most people in their first pregnancy probably being that young—some people don't even know what their blood pressure is. So totally not criticizing. I think it's cool that you noticed. I think just they should have noticed.

RACHEL: Right. Right. And I would tell the doctors too whenever I would see them. And I would see a different one each time. And they just all kind of dismissed my concerns. Their opinion of me was probably I was just a young, first time mom, who basically had no clue. And I didn't really. I was just trying to be an open book and just call attention to anything that might be of concern.

MARYN: Sure.

RACHEL: And then by 34 weeks, we started getting concerned about a breech position. The baby. So just kind of side note, I was not seeing a chiropractor throughout the pregnancy. I've been seeing one throughout this entire pregnancy. Very grateful for that. But I wasn't aware of any techniques I could do on my own. It's just interesting to see how much, like you mentioned, I've changed in ten years from the first pregnancy to my current pregnancy. And really how much smart phones and the Internet and social media has all helped to get information so much easier to obtain.

MARYN: Yeah. That's so true. It is.

RACHEL: So at 34 weeks, baby was breech. And blood pressure was still kind of climbing steadily. And at 37 weeks, we elected to have an external cephalic version. And that was a success. And so—

MARYN: How was the baby growing, by the way? How was your daughter growing? Did they ever mention anything along those lines or no?

RACHEL: No. Just all normal. Yeah. Everything was quote on quote normal.

MARYN: Yeah. Interesting.

RACHEL: So yeah. 37 weeks we had that ECV. And supposedly, my daughter's shoulder was stuck under my right rib, if that's possible. Because they tried to turn her kind of the short way down, and they ended up having to turn her all the way around the

other way. And so it was just two doctors, who did that. I don't know if you've ever had a—any information on that. It's not something I would elect to do necessarily now. But at that time, that was kind of my option.

MARYN: Sure.

RACHEL: I was on the conveyor belt. And I wanted to have this natural delivery, so that was kind of the progression of, "Well, if you're not going to have a C-section, then let's have her turned."

MARYN: You can't have a breech baby. Right.

RACHEL: Yep.

MARYN: Yep. I get it.

RACHEL: Yeah. So I don't know if anyone is wondering what the external cephalic version is like. But it's basically like getting the wind knocked out of you for a few minutes.

MARYN: Yeah. I mean I've witnessed a few visually, and they look very painful and uncomfortable. And yeah. I mean they usually give people pain relief and/or prep them for possible birth.

RACHEL: I think they have to give medicine to relax the uterus. But I really don't know what all—because it has been so long. And I was just going with the flow.

MARYN: Yeah. You just did it.

RACHEL: I was completely awake and everything. Felt everything. A doctor on either side. It was like getting kicked with a soccer ball and just trying to breathe.

MARYN: That's interesting though. Just who knows what they mess with when they do that, right? Other organs and—I don't know. Probably feels really weird.

RACHEL: Yep. So by the next appointment after that, at 38 weeks, I had traces of protein in my urine at that appointment. And by that point, my blood pressure had climbed to a quote unquote perfect 120/80. So really high for me given my baseline being 80 or 90 over 50 or 60. And I let the nurse know. But no measures were taken or anything. And then that was probably a Wednesday or Thursday. And that Friday night following that appointment I had actually gone to the guest bedroom to kind of toss and turn because you don't sleep much by 38 weeks. And so my husband could sleep. And that following morning, Saturday morning—so my husband wasn't at work. My husband came into the room and woke me up from my sleep. And I was actually sleeping, so I

was really mad at him. And he told me that he had heard me scream. And I thought he was nuts. I was like, “You’re hearing things.” I was kind of mean and told him, “Leave me alone. Don’t wake me up again especially when I’m sleeping. Are you crazy?”

MARYN: Yeah.

RACHEL: So that was perhaps—just yet one more sign along with the traces of protein and the elevated blood pressure, and I don’t know external cephalic version had anything to do with any of it.

MARYN: Right. Right.

RACHEL: But that was—looking back, I think that that was a little clue. But at the time, like I said, I didn’t even believe him.

MARYN: Yeah. It’s definitely strange. But who knows what your body was going through?

RACHEL: Right. So that was at 38 weeks. So still no diagnosis or any concern, any, “If you get a bad headache, or if anything else,”—no mention of anything to look for. Any concerns from the doctors or nurses at all at that point.

MARYN: Do you think now—I mean if you’re able to look back and try and remember. Did you have stuff? Whether you were still nauseous or—I mean liver pain or epigastric pain or anything that maybe now could have been part of it? Or not?

RACHEL: It’s interesting because I mentioned that they had said my daughter’s shoulder was stuck under my rib.

MARYN: Interesting.

RACHEL: They do say that sometimes under your rib pain can be a sign.

MARYN: Yeah. Mm-hmm. Your liver is.

RACHEL: I don’t know which one that was. If it was the pain of having her head and shoulder right there, or if there is possibly pain from something else.

MARYN: Yeah. That is. I was going to say. I don’t know, of course, what side she was on. But typically, breech babies are on the right, and so there’s your liver there on the right. And maybe you just thought like, “Oh, that’s because there is a head in my ribs.”

RACHEL: Right. Right. So if want to continue on, we get to the 39-week appointment. And I had plus 2 protein in my urine, and my ankles were swollen. But because I was on the smaller side, again the nurses laughed at me when I said I was swollen. They

were basically like, “Oh, honey. You haven’t seen swollen.” They thought—they said, “Oh, if your ankles look like elephant ankles, we would be concerned. But I still see your ankles.” Like I said, I had a smaller frame, and I was just used to very bony ankles. And so by that time, they were really swollen for me. They were the most swollen that they had ever been in my life.

MARYN: And what about the rest of your body? Were you swollen other places?

RACHEL: I felt like I was. I gained 40 pounds. At that age and at that time in my life, I wasn’t as in tune with my body.

MARYN: Sure.

RACHEL: So I was still wearing my wedding rings. I know many women who are so swollen they either wear their wedding rings on their pinkie finger or can’t wear them at all. I wasn’t that swollen. So I was still able to wear them. But I did feel like my face was swollen which could have just been those extra 40 pounds. I don’t know.

MARYN: Yeah. I mean sometimes exactly that. That the weight gain is just fluid especially in less healthy situations.

RACHEL: Right. Right. And my husband’s cousin had gained 60 or 70 pounds, had a lot of water retention. So just comparing to that and all, it was just like, “Okay. Well, this is my first pregnancy. I don’t know. I guess maybe I’m not that swollen.”

MARYN: Sure. Sure. Yeah. I mean it’s all so tricky. I think that’s the point. Even as a midwife when we’re following someone carefully, sometimes it’s just you’re not sure. We want to look for good weight gain. Okay. You had it. If your baby is growing well—and I mean so it’s easy to be misled unless you’re really paying attention. And in your case, had so many people like looking at your chart or whatever. It’s like—yeah. So what about the protein in the urine? Did anyone have anything to say about that?

RACHEL: No. And from what I’ve heard from other people, if there is any protein in the urine, I’ve heard of other people being sent immediately to the hospital.

MARYN: Right.

RACHEL: And so I think maybe they just saw—they just thought, “Well, she doesn’t—her blood pressure isn’t 140.” And that was one thing that I heard a lot. That we do not diagnose preeclampsia until your blood pressure is over 140.

MARYN: That’s so dangerous. I mean I think things have changed a tiny bit in 10 years. But not enough. I mean that’s still—people are very fixated on that number.

RACHEL: Yes. Yeah. So I think that—if you don't learn anything else from this, if anyone hasn't learned anything else, check baselines for sure.

MARYN: Right.

RACHEL: I would say take protein in the urine pretty seriously. That's just my—from my experience.

MARYN: Sure. Well, and I mean I feel like another teaching that you kind of disprove a little too, which is great, is that rising blood pressure is seen as a late sign. And I mean I guess it could have been in your case. It's just your other earlier signs weren't as prominent perhaps.

RACHEL: Right. So I leave that appointment, that 39-week appointment. I believe that was on a Thursday. And I was beginning to develop a cold or so I thought. Still don't know for sure. But by Friday night, I was feeling pretty bad. My mom lived 80 miles away, and she came to check on me. And I remember my husband and my mom tucking me in bed in the guest room because we didn't want to get my husband sick. And I had a horrible headache. We thought it's probably just kind of associated with the cold. And by midnight or so, I could not lay down. My head felt like it was going to blow off my shoulders. I don't know if I've ever experienced a migraine. I guess—I don't know if I'd say my pain tolerance in my head is—must be really high.

MARYN: Yeah. It must be.

RACHEL: So I don't know if I've experienced a migraine. So I can't compare. But my head hurt really bad. And by about 1:00 a.m., I decided to get up and just try to walk around my house to see if I could either get my mind off the pain or just see if it would ease up at all.

MARYN: Oh wow.

RACHEL: And I eventually even ended up going outside for fresh air. I mean I was just trying to—trying any sort of natural remedy. I'm not one to take medicine at all especially during pregnancy. So I went outside for some fresh air. I walked around the cul-de-sac across from my house at 1:00, 2:00 in the morning. And when I came back in, I decided to just sit on the couch and try to get some rest that way. And I remember falling asleep around 3:00 a.m.

MARYN: Would you say that—I mean I don't know if you're a headache prone person to begin with, was it different somehow than any other headache you've ever had? I'm so curious.

RACHEL: I think the strength was definitely more, but I don't think so. I mean I don't have headaches at all anymore. I think nutrition plays a big role in that. I can eat a certain food, and my head might start hurting. And then it's obviously my body telling me, "Hey, don't eat that."

MARYN: Right.

RACHEL: So at that time, I did have headaches though. I'm much healthier now. And so obviously, I didn't feel like there was any connection between the headache, the pain, and pregnancy. I just associated with I just had a really bad headache. And I'm coming down with maybe a cold or who knows. The flu. I don't know.

MARYN: Well, that's what most people would think, I think. You're not thinking about preeclampsia every time you have a headache.

RACHEL: Right. Yeah. I just kind of tried to deal with it naturally. So by 7:00 a.m., I awoke to my husband hovering over me asking if I was okay. And I kind of woke up because I wasn't awake at that moment. He's literally hands on my legs or lap or something. Looking at me in the face like, "What's wrong?" I look down at my stomach, and I looked up at him. And I said, "Am I pregnant?" And he says, "Are you serious?" And I just start crying because I'm like, "I don't know what is going on. Yeah. I'm serious." But then it kind of came to me, like, "Okay." He's like, "Yes. You're 9 ½ months pregnant." He starts holding up fingers asking me, "How many fingers am I holding up? Do you remember your birthday? Do you know your name?" I had clearly had seizures at some point between 3:00 and 7:00. He came running into the room because he had heard me screaming. So that alerted him. He jumped out of bed, found me on the couch, and I had bitten my tongue so badly that I had blood dripping down my chin. So it was just amazing that it happened on a Saturday morning when he was home.

MARYN: Oh my gosh.

RACHEL: And that he was just on the ball about just recognizing that clearly we have something going on here. And so another interesting thing, I had made it a point two weeks prior to memorize—this is kind of before smart phones. To memorize the doctor's emergency line. And so even though at the point that I woke up kind of from the seizure, I couldn't even remember that I was pregnant at that moment. But I was able to tell him the phone number of this—of the doctor's line, so he could call and ask them what to do. He didn't call 9-1-1 right away because I was just like, "I don't know what's going on." And so yeah. I guess my memory came back kind of quickly at that

point. But then I had very sporadic memory throughout the next two days of what happened after that.

MARYN: Oh, I'm sure. Mm-hmm.

RACHEL: So he threw me in the car because, at that point, I still wasn't thinking completely clearly. And I was—he's like, "Should I call an ambulance?" I was like, "Well, that's going to take too long. Just drive me to the hospital." So I don't remember the ride very much. He said he was speeding down that highway. He had called the hospital ahead of time and said, "Please get a wheelchair. My wife is 9 ½ months pregnant, and she had a seizure." It's just amazing he was able to do all this.

MARYN: Yeah. And in the midst of being your husband and probably being completely freaked out, that sounds so scary. So he kept it together.

RACHEL: Yeah. So we get to the hospital. Unfortunately, they did not have anything ready even though he had called ahead. So we get in. And as soon as they get me into the room, I don't know what it's called. It's been so long.

MARYN: Like triage.

RACHEL: The room before you're able to actually get a room. When they have to check to make sure you're in labor or whatever. So they get me all in there. I get my gown, and I had a seizure at that point. And they called all the nurses and doctors on the floor into the room. And this poor nurse is trying to get an IV in me. She had to have been scared to death because it took her forever. She could not get it in me. Seeing this 9 ½ month pregnant woman seizing.

MARYN: That is so horrible.

RACHEL: Yeah. So finally, got me all hooked up to everything, put me on magnesium sulfate, and—to keep me from having more seizures.

MARYN: Right.

RACHEL: And I had made it a point to tell my husband before that, "When I'm in labor, I—depending on how labor goes, I'm not going to have the strength to fight for myself necessarily. So you're going to have to fight for me, if it comes to that point where I'm just weak or whatever. Just help me go on."

MARYN: Right.

RACHEL: My sister had had an experience where she ended up with an episiotomy that she didn't want and just some things happened just 2 ½ months before I gave birth.

And so she had kind of given me a heads up like, “You really need to tell your husband he’s going to have to know what you want and make sure that that happens so that in, perhaps, a weak moment you don’t do something or say that something is okay that you really didn’t want.”

MARYN: Right. Yeah. Totally.

RACHEL: And so he was fighting for me to have this natural vaginal delivery still, which was really sweet. And so they put me on Pitocin. And from what I have researched and learned now, Pitocin and magnesium sulfate just counteract each other.

MARYN: Right.

RACHEL: So I did get to 4 centimeters after 6 hours. But at the 6-hour mark, the doctor felt like we’re risking lives here by—

MARYN: Had they diagnosed you at that point? What was the scenario?

RACHEL: So that was during that span, which I don’t remember too much of it—but during that span was when—yes. They had told my husband, “We’re dealing with eclampsia here.” Had given him a sheet of paper that had a paragraph—half of an 8 ½ by 11 of some information because that’s all there was.

MARYN: Right.

RACHEL: There wasn’t a lot of information. And so he really—he didn’t know. No one knew really C-section is kind of the only answer.

MARYN: Sure. Yeah. I mean you really don’t want someone seizing during labor or at all.

RACHEL: Right. And I didn’t have the strength.

MARYN: Right. That too.

RACHEL: I was completely weak and really completely out of it. And I don’t know—I wasn’t there for the conversation. But the doctor had taken my mom, supposedly, out in the hallway and said, “We might lose your daughter and granddaughter, if we don’t do something.”

MARYN: Right.

RACHEL: And so I don’t know if that was a fear tactic that she’s like—or if she was genuinely things are getting—things aren’t going to get better unless we do something.

MARYN: Right. Well, I would imagine that was probably true.

RACHEL: So my mom said, “Well, that’s not going to happen today. You do what you have to do.” And so at that time, the doctor came back into the room and said, “We’re going to have to take you in for an emergency C-section.” And I cried for about 5 or 10 seconds and then realized this is out of my control. I have a daughter, another life, that I am responsible for now. So give me the spinal, and let’s get on in there. So at that time, yeah. I had the emergency C-section, and that was about 2:45. So first—my husband found me at 7:00 a.m., got to the hospital very soon after that, and then they let me try to kind of labor from 8:00 to 2:00, and then took me into the emergency room—or operating room or—yeah.

MARYN: Right.

RACHEL: To have her delivered.

MARYN: Wow. That’s quite a story.

RACHEL: So then they also continued to watch, because there can be seizures that happen after birth as well.

MARYN: Sure.

RACHEL: And that’s actually where—

MARYN: I was going to ask you.

RACHEL: Yeah. That’s actually where I’ve heard a lot of people—I have not actually spoken myself to anyone else who’s had seizures prior to delivery. I have spoken to one woman who’s had seizures after. I have found a lot more information on women who have had seizures afterward.

MARYN: Right.

RACHEL: But they kept me on the magnesium sulfate, I believe, for—until basically I was let go. Released from the hospital. And I had her on the 22nd, and they let me go on the 24th because that was Christmas Eve. And we really wanted to be home. And so just 2 days after having sutures and after all, I was able to go home, and the doctor did give me—or gave us his personal cell phone number in case we had any questions or any problems after that.

MARYN: Right.

RACHEL: And no problems really since then. I feel like I have memory loss. But because there is so little information on just consequences of eclamptic seizures, I can't verify that my memory loss is from that versus just being a mom.

MARYN: Right. Right. Right.

RACHEL: It's like it came at the same time, so I'm not sure if that's just motherhood or if the seizures caused perhaps brain damage or any memory issues or anything like that.

MARYN: Right. And your daughter, obviously, just because I saw her earlier on the video, I'm assuming she's beautiful and almost grown up now. So no problems for her either?

RACHEL: Yeah. That's up for debate. There are, perhaps, some learning challenges, and I don't know if that's due to being in the womb during mama's seizures. And so that's hard to say.

MARYN: Right. Lots of questions I'm sure you're left with.

RACHEL: Lots of variables. Yeah.

MARYN: Mm-hmm.

RACHEL: Yes. Lots of questions.

MARYN: Yeah. Yeah. I mean I think with any of those—any of these things especially birth related, it's so easy to focus the conversation on the birth and the pregnancy because that's what we're interested in. There's not often a lot of information about any of it. Not just this disorder, right? Just, like you said, ultrasound. I mean we kind of know some things maybe about the risks, but we don't necessarily know generations to come about anything.

RACHEL: Right. Right. That's what I learned from you. That's what made me not want an ultrasound this pregnancy. I listened to one of your podcasts.

MARYN: Oh, well, sweet. Full circle then.

RACHEL: Yes.

MARYN: So thanks for sharing that. I am amazing and so glad, of course, that you're well. And I mean obviously don't always survive this complication and really—I mean I don't know what the percentage is, to be honest, of women that experience eclamptic seizures during pregnancy, but it's pretty low.

RACHEL: Right.

MARYN: So I've never met anybody. So I'm glad that it all worked out for the most part. How has it shaped your other pregnancies? Have you done things different or not? Or I mean I'm sure it has impacted so many things and choices you've made since.

RACHEL: Right. So with my second pregnancy, I was still very fearful because that was—I just—that was within 2 years of the situation, of the experience. And so there was just a fear because my husband did find me on a Saturday, but if it happened again because there is—at that point, I hadn't connected too many dots. And so I was just thinking, "If anything happens and I have a 2 ½ year old at home with me, I can't do the same thing my husband did." There was still definitely fear at that time. And so I had another breech baby.

MARYN: Oh funny.

RACHEL: Just a side note. The third is breech as well. But I had another breech baby, and so I just decided, "Let's just have a planned C-section, and we can just have a lovely experience and not have a whole bunch of drama. And, hopefully, it'll just be a sweeter memory for my husband," because he was put through a whole lot during all that. He had a lot of decisions, and he did amazing. And so I just—yeah. Didn't want another rough experience with my second.

MARYN: Sure.

RACHEL: And with him being breech, I was like, "Well, maybe it's just meant to be." And at that point, I was not as educated and just—I think I was still kind of healing from that first experience, so I was just not ready to go through with trying for a vaginal breech VBAC. So and then with this third, it's been a lot of years since then. And I've done a lot of research and been able to completely calm a lot of fears. I do take my blood pressure very regularly, and I do test for the protein in my urine very regularly. So I just stay on top of that and don't depend on—

MARYN: Anybody else.

RACHEL: - appointments. Yeah. I've taken charge of that. So I'm monitoring that, and I feel like I know what to look for as far as concerning those things.

MARYN: Right. Yeah. I'm sure there's nothing like experience for something like that. To know what to look for.

RACHEL: Sure. Very ingrained.

MARYN: Yeah. I'm sure you'll—you will never forget.

RACHEL: Yeah.

MARYN: I was going to ask you especially with the second pregnancy. Did whoever you were seeing assuming you were seeing somebody were they extra aware obviously of what your history and was there—did you do any extra testing? Or how were they keeping tabs on that as a provider just because that comes up on this end to and with the student? If we are working with somebody that's had something like this in the past, how can we be the most proactive on that other end?

RACHEL: Right. So because of my history, I was sort of deemed high risk. And, of course, all my family was—they were all very concerned for me and my health. And so I did elect to see a high risk doctor.

MARYN: Mm-hmm.

RACHEL: But I really don't think that there was any extra monitoring. It was just technically I was going to see a high risk doctor, and I don't really remember anything different.

MARYN: That's so interesting. I wonder if they did different—

RACHEL: Yeah. It was like the first one was just a fluke or something. And the second time was just like, "Well, that,"—I don't know.

MARYN: Huh. Yeah. That's interesting.

RACHEL: That won't happen again, or I don't know.

MARYN: Right. Right.

RACHEL: Yeah. Very interesting.

MARYN: Well, I mean I think that can certainly be the attitude of—well, we all know. The medical world. And it can be the attitude of other people, I think, too. Just like, "Oh, your chances aren't—it's not going to happen again," but it could have, right? I mean it's not uncommon for women who have experienced something like that to experience it again whether we nail it down to poor diet or whatever you want to say.

RACHEL: Sure.

MARYN: So I can see why. But something like lab work or whatever would—I don't know. Certainly be on my list to have someone like that monitor, so that we could be sure or as sure as we could of the levels and all of that kind of stuff. But interesting.

RACHEL: Yeah. And I do have a friend. She was pre-eclamptic with her first and her third. So that was kind of her theory was, “Well, it might be every other pregnancy.”

MARYN: Right. So many theories that—yeah. Like you said, even just are based on your own experience, right? I mean they may or may not be documented as research, but maybe it's boy pregnancies for some people. Or yeah. Whatever. I think the stress, like you mentioned—at least in my experience seems like a really relevant part of a lot of complications. And that's not to make anyone feel bad. It's just you consider the literal stress that a body can be under in pregnancy and just not being able to tolerate a certain amount of it.

RACHEL: Right.

MARYN: It makes sense.

RACHEL: Yeah.

MARYN: Wow. Well, anything else you'd like to share. I'm trying to think if I have any last minute questions. You can think too, if there is anything you want to share or you feel would be helpful. I mean it's all been helpful. So you don't have to worry about that.

RACHEL: Sure. No. Yeah. That is definitely my goal. Just to get the word out. And just if I can help one person or one mom not have to go through what my husband and my daughter and I all went through and, of course, our family members who were called in on that crazy ride to the hospital trying to get a hold of people. They all get drug in, and there's just a lot of hospital drama and family hospital drama trying to figure out what's the safest and what's the best thing. So yeah. If I can keep—save a life or just help one person then that's wonderful.

MARYN: That's awesome. I do have one last question though.

RACHEL: Sure.

MARYN: I was thinking more about nutrition, and, obviously, there are many theories. So I don't want to be one of those people that think it's only about one thing. So in the midwifery world, of course, we talk about blood volume expansion. And many people know the Brewer Diet, and how he felt he really had kind of the recipe for either preventing or reversing pre-eclampsia. So just curious how you feel about that, if, in

your other pregnancies, you have used that information, any of the above would be cool.

RACHEL: Yeah. I'm actually not very familiar with the Brewer Diet at all.

MARYN: Interesting.

RACHEL: I do think though—I think nutrition, just in general, plays such a significant part in health. I can see it in my children. They know that they can't eat certain things because it messes with their emotions or their bodies. My 10 ½ year old can make connections when she's emotional or misbehaving that she ate something that is impacting her brain and her decision. So while I do think diet is just so important just all the way around for everything, especially pregnancy when you're growing another human being, but as far as specifically the Brewer Diet, I can't really comment on that.

MARYN: Right. Yeah. That's interesting. I realize—yeah. It's kind of a small segment of the world sometimes that knows about that. But—yeah. I mean just he was more focused on the amount and the quality as well. But really the amount to be able to expand the blood volume because his theory was that if a person, a pregnant woman, doesn't have enough blood to feed all of the organs and the baby and the placenta then she's going to experience what we call constriction. And that pre-eclampsia is one of the complications that can result from constriction. But I mean nowadays we also realize that sometimes that constriction comes before the pre-eclampsia. Sometimes even when someone is eating really well. So it's not a perfect answer, of course. That we still don't know why if you had constriction even if you had been eating well. Like what's that all about?

RACHEL: Mm-hmm. Mm-hmm.

MARYN: I think it's fascinating, but I was just curious kind of where your attention was with that.

RACHEL: Yeah. No. I think it does make complete sense for sure. But I think, at the same time, some things are just going to happen no matter what. My body just apparently wanted that baby out of there, so it went to extreme measures.

MARYN: Right. Right. Exactly. I mean that's the point too with this conversation and really all of the complications that we're discussing with these students right now is that it's not black and white. It's not black and white. And a woman can quote on quote do everything right, and we're not just physical beings. We're emotional and spiritual beings and so sometimes there is no answer. There is no theory. We just walk the path, and I think there's a certain level of trust which maybe you have experienced.

Just that's your daughter's story. So how much different could it have been on some level?

RACHEL: Right.

MARYN: Cool. Well, I think that's all the questions I have. But, again, I really appreciate you sharing. I'm sure that it's hard to do that even after 10 years, but I'm so glad you've had different healthy experiences and look forward to hearing about this next one coming soon. That's awesome.

RACHEL: Yeah. Yeah. Thanks for having me on. I appreciate it. I feel honored.

MARYN: Thank you. Well, thanks, everybody, for listening. Be sure to check out the Indie Birth site for new podcasts and classes and have a great day.

(closing music)