

Separated at Birth
A journey through Diastasis Symphysis Pubis

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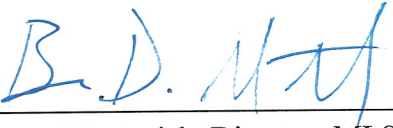
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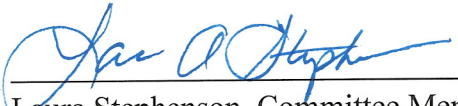
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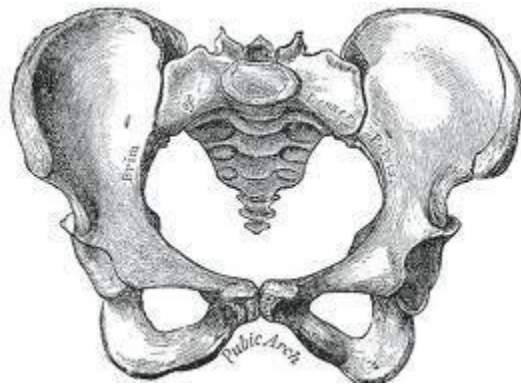

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Preface

For weeks we prepared for the birth of our son. I read, ate well, exercised and made countless decisions because of what I thought was best for me, my growing baby and our family. With my husband as a partner in every decision, we prepared for the birth at the birth center in our new community.

But things did not turn out as we imagined.

My pelvis separated during delivery and for more than six months, ignored by medical professionals while I was encouraged to give it time to heal. I was convinced the trouble was not severe. Made to doubt myself. I didn't slip through a crack. I fell through a chasm of missed opportunities for care because of the rarity of my condition, known as Diastasis Symphysis Pubis (DSP).

I'm sharing my story here for two reasons. The first is crucial. I hope doing so will raise awareness of a little-known but debilitating and often devastating complication of pregnancy and birth known as DSP. It may sound trite, but if one woman or one woman's partner asks better questions because of this memoir. If one healthcare provider is more informed and more compassionate because of what they learn in these pages, then our story mattered to more than those included in it. The second reason these words were written is selfish. I hope that putting my story on paper will help me let it go and contribute to my continued healing. I hope it will allow me to stop thinking in terms of before and after and think only of the journey ahead with my son, my husband, friends and family.

I do not intend to cast blame or shame on any person or entity. I cannot provide medical advice, as I have no medical training and I am fully aware that each pregnancy, birth and

postpartum experience is unique. My experience and my family's experience are not presented as a typical case of this condition, or as a worst- or best-case scenario. It is provided only in effort to raise awareness of Diastasis Symphysis Pubis and its consequences for new mothers, caregivers and families. DSP is defined as a 10 mm (1 cm) or more of separation of the symphysis (the cartilage joint at the front of the pubic bone). Research suggests the size of the gap present is not an indication of the magnitude of pain experienced, only the degree of mechanical dysfunction.¹ Much more about the condition and treatment is included in what follows.

A note about sources: I was inspired by an article shared with me by a friend about the writing form known as autoethnography.² With that approach in mind, I relied on primary sources rather than memory in presenting my own story. Beginning May 30, 2011, I kept a detailed pregnancy journal in an appointment book that included a food diary, general wellness notes, memories and milestones of the baby's growth. I have kept a journal since age 12 and occasionally wrote lengthy entries during pregnancy and the postpartum period discussed on the pages that follow. In August 2012, I began writing a blog about my life and recovery, rather than keeping those journal entries to myself. Blog posts only are relied on here if they were written when the event occurred. My personal medical records and notes taken during and immediately after appointments also are referenced as primary sources. Finally, I conducted written or in-person interviews with the family members and friends who were most involved in the period of my life shared in these pages. Everyone quoted directly was quoted in my journal that way or used those words in their interview, an email or other electronic communication.

To explain Diastasis Symphysis Pubis, Pelvic Girdle Pain and the pelvis, I relied on academic research, principally a review of literature in medical journals and other publications

aimed at medical professionals, which I conducted between 2013 and 2015. Research on pregnancy, birth choice and the like was conducted both during my pregnancy in 2011 and afterward. All sources are included in the end notes. Find these sources to learn even more about DSP, PGP and how best to treat the condition or how best to talk with your care team about it. Remember, knowledge is power.

I dedicate this to Jeremy and Clark, to the surgeon, physical therapist, yoga teacher and counselor who helped me rebuild my bones, muscles, mind and spirit, to the seemingly small number of researchers working diligently to educate their colleagues about DSP and PGP, and to all of my fellow DSP mommas. You're not alone.

Chapter 1

This is a big day. The day I'll do maybe the toughest thing I'll ever do.

I'm running a half-marathon today. My mom is here. My sister and her daughter are here. They've driven in three states to get to Lincoln, Nebraska, for this. My husband, Jeremy, and lots of his relatives are here, too. They'll find me a few times along the route and be waiting for me when I finish.

A year ago, I was a person who would only run if something was chasing me. Last May, I preferred to dance, walk, go to an exercise class or play a Wii game for fitness and would have laughed if someone told me I'd run a half marathon. But in August my best friend was diagnosed with a blood cancer. She's almost 500 miles north, in our North Dakota hometown. I couldn't drop everything and be with her, no matter how much I wanted to. So I searched for a way to do something that would help somehow. I learned about the Leukemia and Lymphoma Society's *Team in Training* (TNT) program online in the days after my best friend's diagnosis and wondered if I could run. Fundraising seemed like the best thing I could do. Teams form in the winter for spring races. Jeremy and I visit my hometown in North Dakota to see my best friend and my mom as often as we can. But I hate not being able to physically be there for her to make things easier somehow.

I joined TNT Nebraska in January and have worked toward this day -- Race Day! It's the first of May, 2011. It's a bit windy but a beautiful morning. I'm outside for the sunrise, a part of something that my teammates and hundreds of others have worked toward. I'm not going to win

any awards today. But I am going to do something that a year ago I wouldn't have imagined possible.

At Mile 6 it's great to see Jeremy, his mom and step-dad and my sister, with her daughter on her shoulders, along the road. They're wild with excitement when they see me and I'm beaming. But where's my mom? At Mile 8 I see her waving, and hear her whistling and cheering from the vehicle, down the hill that the others have climbed in order to give me high-fives as I pass. It's a great day! I'm doing something for others and for myself as part of a mass of humanity all moving toward the same goal. This is powerful. I relish it.

At Mile 10 I realize I'm crying joyful tears. Every step now is something I've never done before. (Our longest training run was 10 miles.) There are 3.1 miles to go and I know I can do this. I hear someone yell my nickname, painted on the front of my shirt, and I look down at the picture of my best friend and me at my wedding that I had pinned to my jersey last night. She's in North Dakota, cancer free now and working every day to regain her stamina and keep up with her two young daughters. I did this for her because I didn't know what else to do. I can't wait to see her in a few months and give her the medal I will receive when I cross the finish line. It's the best birthday present I can think to give her.

By Mile 12 all I want to do is stop for a minute, find a foam roller and take care of my right leg. My knee doesn't want to bend anymore. My IT band is too tight. (The Iliotibial Band is the thick tendon that runs along the outside of the leg, from the hip to the knee. My coaches gave me stretches and taught me how to care for it throughout training.)

But I'm so close.

My pace slows a lot, but I'm still moving. My feet feel great. Everything feels great except for my knee. I think about all of the crazy early morning runs in the winter. I laugh about

the time my water froze as I ran. I think about overcoming the weird injury to my rib that nearly stopped me in my tracks. I'd had to take nearly a month off of training, and my ribs are wrapped with an ace bandage today. I start to smile at all of the amazing lessons I've learned since this mission began. I'm thinking about all of the muscles I've discovered and the confidence I've built in doing something new and challenging that made a positive difference. I wonder what \$3,700 for blood cancer research can really accomplish.

I think about the family Jeremy and I want to have, how part of this running and fitness journey has been about becoming my healthiest to support the pregnancy we'll try for soon. How fun it will be to share that news with my best friend. How grateful I am she's still here! My knee is nothing compared to what she's gone through to get to today -- all that radiation and chemo, all the ups and downs and having to explain it to her babies. My knee is sore right now. But I know it will be fine tomorrow. No treatments needed. Just stretching and some ice. I move stronger toward the finish line.

I can see the finish line now, on the 50-yard line of the stadium that has other-worldly status here. I'm not thinking about anything. Just right foot and left foot advancing. Soon I'll realize that the stadium is full of people and my face is on the Jumbotron but I don't hear those people right now. I hear my heartbeat in my ears and I'm focused on that finish line. I'm not thinking about time, just thrilled to finish.

I don't have to walk far before my family finds me. Hugs. High-fives. Everyone smiling. I know they are proud I did what I set out to do. My sister especially. She's told me how much she admires that I always do what I say I'm going to. (Shouldn't everyone?) This is amazing. Before we head home I learn I finished more than 35 minutes faster than I'd estimated the night

before the race. No wonder one of the coaches looked so surprised to see me just before Mile 12.

Awesome!

During the hour's drive home, I talk to my best friend. We're crying together on the phone. It's a release for all that has happened and a celebration of her remission status and my achievement. It's thrilling to share the moment with her. It's almost as amazing as when she pulled into my driveway the day before my wedding -- a complete surprise. Jubilation! (She'd told her doctor in October 2010: 'You said cancer doesn't stop my life!' He acquiesced and sent her with copies of her records, just in case.)

I have a voicemail from a friend in Iowa. There's a bouquet of gerbera daisies waiting on the doorstep for me from a friend in Minneapolis. Everyone from my inner circle is part of this day and I'm overwhelmed with love and the sense of peace and happiness that comes with reaching a major goal. I'm not even thinking about setting a new one yet. Just enjoying this day. And looking forward to my foam roller and a rest.³

It is just 20 days later when Jeremy and I learn we are expecting. We're surprised in the best possible way. My doctor had advised us not to be concerned if it took a year to conceive because of how long I'd been on The Pill. We figured on several months at least. But this is great! We're imagining running together around the lake with our baby in a jogging stroller. On Memorial Day I run a five-mile race. I have to stop to throw up once. Morning sickness isn't just for mornings. But it's a nice distance and I feel great. Baby's first race! I tuck the ribbon away for the baby book.

Everything is going just as it should, the doctor says.⁴ The head of obstetrics for a local hospital assures us that although my uterus is tipped, the pregnancy is textbook, right down to throwing up multiple times for 11 of 18 days in mid-June and similarly in July 2011.⁵ So by-the-

book, according to all five or six⁶ I was reading, that when Jeremy has the chance to take a new job in a new community three hours away we jump at it. And I think more about leaving my work at a major daily newspaper than I do about changing prenatal care and potentially moving to a position that won't offer maternity leave to a new employee. We'll make it work. Everything will be great.

It's August when I head to Minneapolis for a friend's bachelorette party and wedding. I haven't seen her since long before she sent those daisies. She's so happy. I'm thrilled to be part of everything. Those who know me can tell I'm pregnant now. Those who don't are none the wiser. My friend's sister tells me how impressed she is that I'm up for the bachelorette. She has three kids and she knows how tired I am. She also knows I wouldn't miss it! Her sister is one of my best friends. This is a once in a lifetime weekend. The only bummer is Jeremy can't be here. He's just started his new job and needs to save his one day off for the anatomy scan next week.

The day after we learn our baby will be our son, I interview for a job that would put my skills to use at the same university where Jeremy is working. The same day I call the birth center in our new community. Jeremy moves three weeks before I do. By the time I arrive in late August we have a two-bedroom apartment on the third floor of a clean complex that accepts our cats, we both have jobs at that university and we are looking forward to having our baby in the birth center in 20 weeks or so. Bringing our baby into the world in a home-like setting, with no medication and no unnecessary intervention, was an option we'd longed for but did not legally have in our former community. A perk of the move to another state, we tell ourselves. We're excited to have the opportunity to start our life with our son exactly the way we want.

We've settled into our new place and people I don't know are smiling at the baby bump as I walk by. It is fall and it feels great to be alive. Everything is so full of promise and joy and

we're focused on each other. It's hard to beat a college campus in the fall. We're enjoying our work and our new community. We know the Little Guy's name, but we're keeping it to ourselves.

The midwives are wonderful. They take time to answer all of my questions about what would necessitate transferring to the hospital and so much more (maybe more than usual because of my background as a reporter). They ask us questions to get to know us and our hopes for the big day. The tour of the center makes us both feel at peace. The rooms of the Victorian-era home are cozy. It's not far from the community's two hospitals. It really does feel like we'll get to have our baby "in someone else's house" as they said. We can bring our own snacks and I can eat and drink as I want to. We can bring our own music and choose the birth room we'd like, assuming there isn't someone else delivering at the same time. When Jeremy jokes about bringing the cat the midwife didn't hesitate.

"Sure. No one's ever wanted to do that before, but if that makes you most comfortable, sure."⁷

My sister is 35 weeks pregnant; 13 weeks ahead of me. It hasn't been the joyful time for bonding I'd hoped for when I realized we were going to share time as pregnant women. As with her first pregnancy, she's having a lot of discomfort and struggling through that all the time morning sickness, *hyperemesis gravidarum*. I'm doing my best to give her space but when we talk, she acts like it's my fault I'm feeling well. Being with her for a weekend in late September reminds me of the importance of holding on to my positive attitude and gives me some perspective about what we're in for. I tell Jeremy when I get home, "I fully expect to have contractions I can't talk through" before we ever call the birth center about the possibility of labor.⁸

My mom's worried about natural childbirth for me. She had an epidural with both my sister and me and says there's nothing wrong with that. I try to explain that I know it's not wrong, it's just not what I want. She's trying to let me know that changing plans isn't failure. She doesn't say it directly now, but she thinks I'm a wuss. Really, she's the reason I believe natural childbirth is right for me.

I want to tell her what I really think when she talks to me about pain. It's clear from her voice she doesn't think I can handle it. I want to tell her I don't think she's a credible source in that area. I want to tell her I think she relies too much on her menagerie of pills. That she's let life pass her by because she didn't want to fight through the pain of her Fibromyalgia. I want to tell her she's the reason I sought a strength training exercise program in college (right after I read in 2000 that Fibromyalgia is likely hereditary.). I want to tell her she's the reason I've spent years with consistent migraine headaches and have never sought a prescription. To me, it is better to lay in the dark on the cold bathroom floor for a few hours before I throw up than it would be to take a pill that costs as much as my water bill and has god-knows-what in it that I'm probably just going to puke up anyway. I want to tell her how much I wish she wouldn't have stopped going to physical therapy for her sore muscles all those years ago. Everyone could tell being in the warm pool made her feel better. She had the option of continuing on her own without the therapist and didn't want it. I want to tell her how I cried myself to sleep the night she told me she wasn't going to go anymore because it felt like that meant she didn't want to try anymore. I was in middle school and scared of what that meant. I want to say so many things to her about what she's missed out on because she wanted to stay home and rest in bed. But I don't. Maybe in person it would be easier. Over the phone with a 12-hour drive in between us, it doesn't seem worthwhile. It would hurt her feelings and I don't want that. She's doing her best.

But her best is not my best.

I want to hear her say she's glad I'm willing to try, that she believes in me. I want her to say "You can do this!" I know she won't.

Several friends are trying to fill that void, reminding me of the things I've already done -- skydiving, studying abroad and working in several cities where I didn't know a soul. How I always do what I set my mind to. Even if it's something not everyone wants to try. Even if there's an easier way. The ones who know me best even remind me that I'm not my mom.

Childbirth classes start soon. Jeremy keeps saying "It's all so real now" and it makes me laugh every time. I guess we're in the home stretch now. We haven't chosen a particular method. I will use visualization and am feeling confident about our plans. The classes, in the birth center attic with other couples all sitting on the floor with big, comfy pillows, give us a chance to learn more about what to expect. Around 27 weeks, I start to feel a burning sensation on the right side of my lower back, just above my butt.⁹ It's the sacroiliac (SI) joint. The sensation is weird, like smoldering coals are crammed into the joint and the burn radiates around it. It's unsettling for someone who's only really had to contend with knee pain and migraines before this. I understand those things. I know what it takes to solve the problem with those things. This has me confused. There's nothing I can do to make it stop. I can lift my leg and with care and attention to my movements I can get around fine. I stop going to the twice weekly Zumba class because I'm starting to worry about doing anything to aggravate my back.

I do my best to embrace what I'm feeling as a normal part of the process of carrying a baby. I'm trying to brush off the back pain. Maybe it has something to do with the hormone *relaxin* I keep reading about. All the books say it's the hormone responsible for loosening everything so any baby can its way through the birth canal. I absorb all I can about what it means

for my petite body that *relaxin* is doing its job, allowing my hips and pelvis to spread apart just a few extra millimeters until delivery day. It reminds me of puberty. I remember those growing pains waking me up at night. There are stretch marks on my backside from that summer, but none on my belly.

In December, I email my friend in Minneapolis: “Baby and I seem to be doing well. Today is 31 weeks and three days. My hips and abs hurt a lot because he’s growing so much and they’re trying to stretch/pull apart to make room. But we’re healthy so I’m trying not to think about the discomfort and focus on the positive. Yesterday my breast pump (eBay!) and the jogging stroller and car seat system thing from Jeremy’s parents both came in the mail. Very exciting!”¹⁰

Around that time I jotted in my journal: “hips and abs very uncomfortable. Feels like they are stretching/pulling apart. I feel like a HOUSE! and/or Stretch Arm Strong!”¹¹

The intensity and prevalence of the pain in my back is increasing and I mention it to the midwife for the first time at 32 weeks, the appointment before the baby shower.¹² The midwife assures us it’s completely normal. Round ligament pain. It’s related to the increasing strain on my uterus and hormones. I used to hate that word. When I was a tween my mom seemed to blame every possible emotion on hormones. “The H word,” she called it. This time everything is different. Logical. Calm. Hormones are a natural part of what makes all of this possible. The midwife gives me some stretches to try and I start doing them at least twice daily.

I look up specifically what my personal pregnancy library says about round ligament pain. There are two entries, but they both refer to the front of the belly, not the back.¹³ Everything about back pain makes it sound like one of the most common things encountered by pregnant women. Back ache because of increased weight, increased muscle strain, increased

relaxin hormone making everything loose. It's normal and I should just take it easy. It's good that I'm taking my time and being intentional about my movements, even though it feels awkward. Good that we already have a firm mattress. Good that I almost never wear heels. The pairs I do have are long since put away.

At the baby shower, at the end of the 32nd week, I'm astounded by the reactions from the friends I haven't seen in a few months. "Ohmigod! You're HUGE!!" And "Wow! You're *really* pregnant now" are my favorite.¹⁴ I'm starting to look like a house, too, I guess. But only from the front. My belly looks like a basketball tucked under my shirt.

The baby shower is wonderful. Carrot cake cupcakes just because I wanted them, adorable everything and all of my favorite women who were able to be here. Most of those who couldn't make it have called by the time the party starts. My sister and her two daughters are here. They and my mom came to get me from my sister's place in Missouri and we all rode together the three hours from our apartment to my mother-in-law's. The party is at the school where she works. My best friend from college drove from Iowa with her fiancé to be here, too. Friends from the paper and Jeremy's aunts and cousins all are here. Everyone is happy. I'm feeling showered in love. It's perfect, except my mom isn't here. She's at Jeremy's mom's house. She's not feeling well. I'm trying not to think of it because when I do I want to cry. I spent the morning trying to coax her out of bed before finally giving up and leaving for the party. Twice since we arrived, my sister has given me an extra hug because she can tell what I'm thinking about it. Mom arrives with Grandpa, Jeremy and his stepdad when everything is nearly finished. When friends who couldn't be there ask for the recap, the first thing I email about is my mom nearly missing the only baby shower I'm going to have. She knows Jeremy and I are planning on one child. Why did she not push through to be part of it?¹⁵

By 34 weeks Jeremy is rubbing my right side SI almost every night before bed so the burning eases enough for me to get some good rest. The pain is gone when I wake up but distracting by the end of the workday. We're doing massage every night to prevent the need for an episiotomy. Our birth plan is on paper. Our goal is for the experience to be "intervention free and full of positive affirmation for us and baby." They know "I only want to be transferred to the hospital if absolutely medically necessary in your professional opinion for me or baby."¹⁶

By 36 weeks, Jeremy's helping me put on socks and shoes and I noticeably shuffle rather than walk. It seems the less I lift my right leg the better I feel at the end of the day. My boss jokes one day that I'm "starting to move like a mother goose" so baby will be here soon. No one seems to think my waddle is really a problem. I don't know any better.¹⁷

Independently exploring options like physical therapy, acupuncture, chiropractic care or massage seems like overkill to us because everything indicates back pain, and even the shuffle is normal. Because the burning sensation I feel isn't specifically mentioned anywhere, and I don't have anything to compare this to, I chalk it up to those normal aches and pains of pregnancy every friend with kids has ever told me about. We're in the final stretch. The Little Guy has a name, more gear than we imagined and a daycare expecting him at six weeks old. Let's do this!

Twice in the 37th week I feel an "electric shock"¹⁸ in my pubic bone that is short-lived, but make me stop what I'm doing for a moment. Can the Little Guy's movements mess with nerves? The jolt is scary, but it only happens twice and doesn't seem to have any lingering consequences. I think nothing of it when it is over.

Later, I will learn a lot more about the pelvis and the mechanics involved in labor and delivery. Here's the most pertinent thing I wish I'd understood before we welcomed our son: Pelvic Obstetric and Gynaecological Physiotherapy, a UK based network of care professionals

affiliated with the Chartered Society of Physiotherapy, suggests in a publication for health care professionals to be watchful of a “waddling gait.”¹⁹ In a partner publication for moms-to-be, it explains that any woman experiencing pain or discomfort anywhere in her pelvic girdle any time in pregnancy that *persists for a week or more* should make sure her care team is aware of it. These symptoms are relatively common, they say, but they are not normal.

Shuffling everywhere I go and unable to put on my own shoes, I start having obvious contractions with dilation at 37 weeks. It seems every day I arrive at work my colleagues are surprised to see me. There’s a point in that week when concern gets the best of us and we call the answering service, speak to the midwife and head for the birth center. Jeremy’s mom, step-dad and granddad even make the trip down, just in case. The midwife explains that this slow progression of early labor is not uncommon. Typically, she says, it means actual labor will happen quickly. (That’s what happened with both my sister’s deliveries.)

“It’s probably good that this progression isn’t widely written of,” I jotted in my journal. “I’m sure this would have sounded like a nightmare, had I read about it.”²⁰ Another 15 days would pass before we met our son. I couldn’t have known a real nightmare was waiting for the three of us.

Chapter 2

Jeremy thinks things are getting serious overnight on January 22. I have a few painful contractions, but am able to fall asleep. When the pain wakes me up around 2 a.m. he calls the answering service. The midwife calls back, tells him to make me some breakfast, have me take a bath and call back. He whips up some cheesy scrambled eggs and toasts a bagel. I throw it up before he calls her back. He's talking to her because if a contraction hits, I can't talk through it. These contractions are powerful. She tells us to leave our place around 5:30 a.m.

A note in Jeremy's handwriting records our arrival at the birth center at about 5:45 a.m. on that Sunday. It is still dark, really dark. We haven't been there long when I get into a warm bath. The water makes my belly feel lighter and before long my water breaks in a full gush. I'm grateful to be in the tub for that. Jeremy says I stayed in the tub for a while after that, but I don't remember. I feel like I need to push and I want to get out and be ready to see my baby. The midwife reminds me about the long progression and quick labor -- like my sister. (The night she had her second daughter she called to let us know she was going to the hospital as we headed out for a walk. By the time we got home, we had another niece.²¹

I spend hours outside the tub, pushing and pushing. Most of the time my eyes are closed. I'm concentrating so much on visualizing the peaceful prairie that I can't tell if there is music playing. I do know our music was forgotten in the car. With Jeremy and I are two midwives and a nurse. The nurse we'd not met before. She's taking photos with our camera.

For hours – 3 hours and 58 minutes according to the medical record²² – we can see the Little Guy's head, crowned. We know he's got a headful of hair. I can feel it and see it in the hand mirror for all those hours before I see that sweet face for the first time. I've been pushing

and pushing but I'm not hurting. This is not painful, but this is hard work. Very hard work. Everything from my whole soul was making this happen.

I receive a second dose of antibiotics. It's my only indication that we've been here a really long time. Because I am a carrier of Group B Strep bacteria²³ I received a dose of antibiotics to protect my son when we arrived before sunrise. I was told it would last for eight hours.

Something is happening. They're telling me to move and want me to wear an oxygen mask. The Little Guy's heart rate has fallen. The oxygen flowing to me makes a lot of noise. I can't really hear what's going on and I feel like I can't get a full breath. His heart rate rebounds and I keep pushing. I'm visualizing everything opening up. But the Little Guy is not moving.

It feels like we've tried every position, kneeling on all fours, squatting on a birth stool with Jeremy behind me on the ball, counting. Laying on my side, and on my back on the bed. As I lay there, the older midwife has an idea. She helps me wrap a towel around my ankles. She says to pull my legs toward my chest in a butterfly stretch position as I push.

I am on my back, but I don't know if the towel still is with me, when I feel a sudden rip. Something has torn the hair off my pubic bone, or cut me open, in a line just to the right of the center. It also tears me out of focus.

I'm scared.

What happened right here? I'm using my hand to show them where I mean. *Something has hurt me. Has it hurt my baby, too? What's wrong?*

Jeremy's holding my hand, letting me know he's there. They assure me I'm not cut, showing me in the hand mirror. One of them brings a very cold rag that I hold on my pubic bone.

Something is wrong. I tell myself I can't be afraid. I do my best to calm down and I keep pushing.

It is so much harder to focus now. I am distracted by the burning that seems to consume my entire middle. My back right side and front middle are on fire. But I want to see my baby! I call his name and tell him we are ready to meet him.

At least another hour passes before his little head finally makes it out.

"Reach down and touch your baby," the midwife says.

I'm overwhelmed with love, joy and relief. We did it! There are three of us in the world. We are a family. Our sweet baby boy is blue – really blue – at first. (In our records, his initial APGAR score is a 5 and I'm listed as having no complications. At 10 minutes he scored an 8. It also says the before-birth oxygen I received lasted for 13 minutes.)

His umbilical cord remains attached until there was no color left in it. The midwives rub him down and whatever else they need to do, he starts to fuss. He's on my chest all pink and precious in what seems like no time at all. Fingers and toes present and accounted for. Strawberry blonde hair like his Daddy, a soft cry and a relaxed demeanor. He latches briefly at each breast and I try to savor each second. He seems alert, but worn out like all of us. I can't focus on anything in particular. I'm overwhelmed with emotions. I want everything to be still so I can breathe in the enormity of what has happened. I am experiencing the post-delivery greatest-runner's-high-in-the-world and I just want to be in this moment, in this place and not move.

I hadn't needed an episiotomy. The midwives congratulate us on doing the perineal massage and seem really proud of the fact I didn't need this surgical cut that many hospitals don't even consider an intervention. Jeremy and I are glad, too. We'd spent a lot of time on that massage because proper preparation was important to us. The midwives had told us that

preparation was prevention and we believed them. It paid off in the result. The younger midwife says I need three stitches from small natural tears. She offers to use a local anesthetic injection but I decline. Everything is throbbing anyway, there didn't seem to be a point. I feel her pulling, but otherwise can't tell anything was happening. I just feel throbbing and burning in my middle. When she's finished, she shows me my placenta in a bowl. We don't have plans for it but it's fascinating to see.

Around now I learn my son was born at 4:58 p.m. What a long day! He'd come out with a hand on his cheek, his arm bent, elbow out, and close to his body. He's here. Jeremy gives him a bath, just as we'd planned, while soft music I've never heard before plays from the other side of the room. Clean and wrapped in a white receiving blanket with chestnut cartoonish monkeys, my son meets Jeremy's mom, stepdad and maternal grandpa. To celebrate, Jeremy gives everyone a candy bar with the same name as our Little Guy.

My pubic area hurts. Everything in that area of my body is throbbing. I know what I felt during delivery, but as I prepare to get up to walk for the first time I'm not thinking something awful has happened. I just know it hurts a lot to be upright. I need help moving my legs to the side of the bed and although I push myself up with my arms, I can't stand up or walk on my own. I lean on the midwife to get to the restroom and try to joke about not being able to stand up, walking like I'm 90 years old or something.

What before had felt like just across the living room now feels miles away. We make our way slowly and she helps me lower myself down so I can pee. She's ready with a bottle of water I can squirt. No worries. It stings a little, but it's not what I'm concerned about. Was the sting of the pee on the stitches supposed to be worse than walking? This was my first labor. I think it must be normal to have trouble walking. Maybe tomorrow will feel better. The first few days

after the race were hard, too. Delivering a baby is a bigger deal. I need to let things run their course.

Jeremy dresses the Little Guy sometime around 10 p.m. in the outfit we picked out for the occasion. He straps him into the car seat that connects to the jogging stroller waiting at home. Our son has some serious cone head but he's great. We head for the car at about 10:35 p.m. The birth center records say I was given Ibuprofen at 6:05 p.m. and extra strength Tylenol just before we leave. I don't remember, but don't doubt it. All of us were exhausted. It had been a very long day.

Jeremy and I pass my in-laws at the reception counter as we head outside. My father-in-law comes with us. We step outside into flurries. They're the first of the season for us. This is usually one of my favorite moments of the year. I hardly notice. I can feel my blood rushing through my body.

Jeremy's driving slowly. I can feel every dip in the road. And the burning. And my blood pumping all around. My memories of that night will be as though I'm watching a movie of myself. When we get to the apartment, my mother-in-law carries the Little Guy in his car seat. Grandpa is with her. They're heading up the stairs into our apartment.

I feel like I should be moving faster. Like I am being left behind.

Jeremy helps me out of the car and I lean heavily on him as we get to the sidewalk. Next thing I know, my father-in-law is under my other arm. Both are trying to coach me, encourage me, as we make our way up the 27 stairs to the front door of the apartment. I don't remember what they say. All I can hear is the sound of my bones gnashing and clicking. Every time I move. I ask Jeremy if he can hear it, too. Even in the briskness of the winter night – usually my favorite to just breathe in – I am consumed by the noise. I can't think. I only want to not be

standing anymore.²⁴ Jeremy and my father-in-law say I had to stop at least three times to compose myself. I don't remember.

“You had to stop, it was hurting you too much. We should have taken you to the hospital right then,” my father-in-law says much later. “Women are sore after birth, I know that. But this was more than that you could tell.”²⁵

They got me to bed and I don't remember even falling asleep. I don't remember asking to see my baby. I remember feeding him that first night home, probably early the next morning. And I remember needing Jeremy's help to get him back into the bassinet, even though it was touching our bed. Jeremy said he held the Little Guy and sat in the front room with his family for a few hours while I slept.

I don't remember thinking about how everyone else I know would have been sleeping in a hospital room at that point in her post-birth story. If anything, I was relieved to be home, where we could get to know each other at our pace, on our terms and in our space. I was thinking about our plan -- wanting things to still be as we had planned when we decided on a birth center delivery.

A lot went into that decision. I had watched the health system mess with my mom for years. She wasn't always listened to because her pain didn't have an obvious cause. She wasn't always taken seriously and her self-doubt increased over years of misdiagnoses before doctors settled on *Fibromyalgia*. I know she suffered. But she also made choices -- like stopping physical therapy -- that seem to me like shirking responsibility for her health that I hope I wouldn't have made. Watching the effect of the choices made both by my mother and the medical professionals she's relied on has given me an aversion to medication, intervention and unnecessary tests.

I wanted to bring my son into the world in a way that respected both of us. I wanted it to be as intervention free as was medically safe for us. Jeremy agreed. He thinks the simplest answer is best and when we watched The Business of Being Born²⁶ early in the pregnancy he got worried that I could end up with a C-Section -- a major surgery -- because the doctor wanted to make a tee time. We're not cogs in a factory, we're people having a baby.

In 1985, the World Health Organization stated "There is no justification for any region to have CS [Cesarean Section] rates higher than 10-15%."²⁷ But in the U.S., according to the National Vital Statistics Report, in 2011, the year I got pregnant, the rate was 32.8 percent. Maybe not because a doctor wanted to go golfing. But a 60 percent increase in the U.S. between 1996 and 2009²⁸ in what was originally developed as a life-saving procedure was more than unsettling. Every year, C-sections are disproportionately more common in higher-income countries, with China, Brazil, the U.S., Mexico and Iran at the top of a 2010 the list of unnecessary procedures.²⁹ What we heard and read was enough to make us consider non-hospital alternatives.

We aren't alone.

"Listening to Mothers III," a survey of hospital-birthing mothers by the nonprofit Childbirth Connection,³⁰ suggests one in 10 respondents was primarily attended by a midwife during labor and delivery. That proportion increased since the survey's second administration. Additionally, 59 percent of respondents somewhat or strongly agreed to the statement "giving birth is a process that should not be interfered with unless medically necessary."³¹

The survey suggests 25 percent of respondents who had induced labor reported being pressured and 28 percent of respondents who received a first-time cesarean felt pressured.³² The survey points out how often several identified best practices had not occurred: More than two

babies in five were not “skin to skin” with their mothers when first held; one baby in four was primarily with hospital staff for routine care (stuff like weight and height that isn’t time sensitive) in the first hour after birth and more than six in 10 mothers reported two or more among five consequential interventions around the time of birth. Among the consequential interventions after labor was underway: one or more vaginal exams, membranes broken, synthetic oxytocin to strengthen or speed contractions, episiotomy, IV or catheter and Cesarean. Women who had cesarean births were more likely to have had other interventions.³³

It’s only much later I realize we were sucked in by an ideal. Because we wanted to be the best possible parents, we felt pressure to have the “right” labor and delivery, one that was natural and without medical intervention. That pressure continues to fuel the “Mommy Wars.” While it began as a term related to the debate between working and stay-at-home mothers, made famous (or infamous) by Leslie Morgan Steiner,³⁴ the “Mommy Wars” has, it seems, grown to include not only the choice to return to work or stay home, but everything from the type of labor one chooses to the decision to breastfeed, use cloth or disposable diapers, even whether to use a stroller or wear the baby instead. We’d made the decisions we thought were best for us. Cloth diapers, two working parents, and a mix of both a stroller and baby-wearing. But, in Nebraska, where we lived at the time, home birth, even when assisted by a certified nurse midwife, was not legal and there were no birth centers in or near the city in which we lived. We didn’t want to spend the money on a doula, so we decided to talk to each other so much about what we wanted and didn’t that Jeremy could be my voice if necessary. He would know just what I would say.

When we decided to move for Jeremy’s new job -- to a different state and a community with a birth center -- it was like everything we’d hoped for was falling into place. I was reading Ina May's Guide to Childbirth (6) at the recommendation of a college friend who’d delivered her

baby at a birth center and happily shared photos of her family standing in front of a pink flag hanging from the front of that house announcing “It’s a girl!” The idea of trusting myself to do something I was biologically built for really spoke to me. After meeting the women at the birth center in September, who seemed so compassionate, it seemed like I couldn’t assemble a better team to look out for me, the Little Guy and Jeremy as we transitioned together to familyhood. Jeremy seemed to feel peace knowing our opinions would matter. We were doing this, it wasn’t something that was going to happen to me. I agreed with that wholeheartedly. We took the recommendations we received about perineal massage, eating right, staying hydrated and staying limber seriously because we wanted my body to be able to do what it was designed for.

I was excited to experience what Ina May calls the "true capacities of the female body."³⁵ Culturally speaking, I've been taught by my father's side that women's bodies are powerful, capable and connected with creation itself. I appreciate that and saw my pregnancy, labor and delivery as an important part of my participation in the circle of life. I always expected to deliver vaginally, without pain medication of any kind. My mom was skeptical, and not shy about saying so. (Each time I fight the urge to unleash every bit of my frustration toward how she has handled her own chronic pain by staying in the house, taking more medicine. I know others with the same condition who, because of different choices, are living very different, very vibrant lives.) Although my sister and I were both delivered vaginally, my mom had assumed I would be delivered by Cesarean because she had been, after my grandmother's first delivery was assisted with forceps. My father's mother delivered her babies naturally, as had my great-grandmothers on both sides. I did not have fear going into the birth process. Neither the doctor we initially saw, nor the midwives who attended my labor and delivery did anything to create fear in me. None of them expressed any concerns about my pelvis. I spent my pregnancy looking forward to the

calm, confident environment Ina May's book describes. The life-changing, empowering experience that began with Jeremy and me and would end with us as a family of three.

Our reality was more complicated.

I learned not long after waking up the morning after our son's birth that as Jeremy and I were passing his parents in the entryway, heading for the car, the older midwife was telling my mother-in-law that she was pretty sure I had separated my pelvis.

SEPARATED MY PELVIS? What do you mean?

My mother-in-law does her best to remember exactly what they said, but she's clearly stunned that she's the one breaking this news to me. She's sitting next to me on the green microfiber couch in our living room. Jeremy helped me sit down.

“One of the ladies said you had a little bit of a problem during delivery,” she recalls. “She said ‘we think she separated her pelvis and we’re going to watch it.’ She made hand motions and said something about how the pelvis expands. She said you’ll be fine but you need to get a belt and tie it around tight.”

My mother-in-law works in finance and HR and tells us that the whole time she was hearing this from the midwife she was thinking about all of the HIPPA requirements that should have prevented the conversation. “She should have been saying this to you.”³⁶

Much later, Jeremy tells me how angry he is with everyone involved in my care. During labor, he says, the midwives were so concerned about the Little Guy's heart rate that they didn't seem concerned about me. Didn't seem bothered that I had said all of that about the tearing and burning sensation.

“They wanted you to keep going and were in denial that you were in pain. They should have known better. They are so convinced that any woman, in any condition, can give birth and

it's a fail if they have to go to the hospital. Aside from the moment you said you felt a tear, you didn't really let the pain bother you during labor. I never thought much of it either. You got through it like a champ and we had a nice, purple baby that they quickly got accustomed to breathing on his own.” He also recalled “You were so determined and strong-willed. We did it. But then you didn't recover. The pain we thought was normal didn't go away. No one believed the severity of it.”³⁷

Funny, isn't it, that in our attempt to avoid the stereotypical idea of routine hospital delivery, full of unnecessary intervention we ended up with something even worse? We ended up with no intervention when it was needed. I wanted to be treated as a person first, not as a patient first. But it turns out I maybe wasn't even a patient first. Maybe I was really a paycheck first. The midwives weren't my friends who were looking out for my best interest. They told my mother-in-law something they should have told me before I ever left the center. They should have told me so I could make choices. It took me a very long time to get to this point in my thinking, but the care I received was no more compassionate, and far more damaging than that provided by the hypothetical OB trying to make a tee time.

On our second night home, after making the joke that my son was “born yesterday” far more than necessary, the Little Guy was sleeping in his bassinet next to our bed. I call my best friend. She knows we're home but we haven't talked yet. I tell her about the pain I'm in, trying to figure out how much of it is normal. I tell her what my mother-in-law told me about my pelvis. She's never heard of it either.³⁸

I head to bed and realize I cannot make my body move the way I want it to. Need it to. I struggle to get into the bed and end up on my side. I'm crumbling. I'm crying and telling Jeremy he has to help me move to an upright position. I need help. Now. My brain is telling my body to

move and I cannot make myself do it. All I feel is pain. A blinding, burning pain in my pelvic bones unlike anything I had ever felt. There is something very wrong. My bones are not where they should be within my body. They can't handle my weight. Jeremy rushes to my side of the bed. I put my arms around his neck and he lifts me into place. He supports my weight as he piles pillows behind me. I will sleep nearly sitting up for the first time.

I am crying hysterically. Terrified and more sore than I'd ever been in my life. This is exponentially worse than breaking my nose -- when I was five and again when I was 12 -- or when I broke my toe when it was caught on the mat at Judo. This is from another world. That night, I believe someone could have shot me in the foot and I wouldn't have noticed. That night I realized what we were up against. That night became in my mind a "9" on the pain scale -- all I could tolerate without going mad. To me, a 10 would be madness. And this can't be the most I can endure. It can always get worse. I learned that the hard way during the flood at home in 1997. I don't know what's ahead for us and there must be room for whatever is ahead.

There's no way I can sleep. I'm thinking about everything that has happened in the last 24 hours. The adrenaline is wearing off but I don't feel better. It's so much worse. I begin to realize it was all of those post-birth chemicals and hormones that enabled me to get to the bathroom at the birth center without crumbling into a heap on the floor. The three of us would all go there tomorrow for the planned check up. They'll know what to do.

Right?

The next morning Jeremy helps me get dressed. This is so hard. His face looks pained, confused, a little annoyed. I get myself into the birth center for our 1 p.m. appointment using Jeremy's back and shoulders as an oversized walker. He's carrying the Little Guy in the car seat. The exam room is upstairs, I had not even imagined climbing those steps. Luckily, (or not!) the

receptionist watches me take just two steps before she tells us to go into the birthing room and the midwife would join us there. We are back in the room where our son took his first breaths. It's now the first Tuesday of his life. I wish I could say I was full of rage and demanded answers. It's not that simple. These women had believed in me. Walked with me. Helped me feel a confidence in my body I hadn't always. I don't want to let them down. I don't want to let myself down.

I don't want to admit that by their definition -- and probably by my own, too -- I wasn't a woman.

I wasn't built for this.

It broke me in two.

I try to be hopeful we will leave with answers. The midwife says, not at all coldly but matter-of-factly, that I'd separated my pelvis. She has one of the nurses, who had her young son with her, come in. This nurse had pelvic pain before her baby was born and she's doing great now. The nurse told me her pain had subsided as soon as she had her son. Her little boy's name also starts with a C.

That's nice. Is that supposed to make me feel better? I'm thinking to myself. *I am hurting now. A lot. And it isn't going away. I'm not like the frog slowly boiling in the pot, getting used to things. Every step or shift drops me into the pot of boiling water. How do we fix this?*

"Do I need an x-ray?" I ask the midwife.

"No. Get a pelvic binder and wear it as tight as you can tolerate around your hips," she says. "Or tie a bathrobe belt around your hips as tight as we can get it. Both together is OK, too. And be patient."³⁹

She gives me a prescription for Hydrocodone -- 15 pills with one refill -- and instructions to alternate a high dose of Ibuprofen with the Hydrocodone or acetaminophen, taking something every three hours, but each one only every six hours. And she suggests a Vitamin B complex with breakfast. That will help my mood.

Enough about me.

The mood changes. The message is clear: *This appointment is about the baby, you know.*

The Little Guy gets a hearing test, a full exam and a blood test. He looks more orange than he ought to be. His bilirubin is high, 16. We should call the pediatrician today. As soon as we leave here.

I'd had high bilirubin. So had Jeremy. We'd both spent time as infants under the lights of incubators before coming home from the hospital. The sunshine -- real or artificial -- helps break down the extra red blood cells that cause infant jaundice. That's all I know. The pediatrician's plan is for us to get a "bili blanket" and use it at home and take the Little Guy to the hospital lab in the morning for a checkup. The pediatrician agrees with the plan for the binder, too. She says the midwives have more experience with this than she does.⁴⁰

Jeremy buys a pelvic binder, designed for post-C section support, from a medical supply store on the way home. I try it on in the parking lot, so I don't have to go in and we're sure on the correct size. We get my prescription filled, too. But I'm afraid to take the Hydrocodone because the midwife and pediatrician said it could make the Little Guy more lethargic. He already is so groggy because of the bilirubin.

Jeremy goes into the hospital to get a wheelchair, comes back to me, helps me into the chair then wheels me to the hospital lab's waiting room the next morning. I'm wearing the Little Guy in a sling. He's getting groggier. Jeremy has to go park the car before coming back and

taking the Little Guy back for his blood test. The pediatrician calls it a heel stick. It sounds less painful. I try to think not about someone causing my baby pain, but how they're trying to help him. All I can do is wait for them. I can't get back there in the chair and I'd just be in the way anyway. I try my best to smile back at the grandma and granddaughter waiting there, too. Little Guy's bili levels are climbing. We'll have to come back at the same time tomorrow morning.

My sister and her new baby are here. She's trying to play it cool but I know she just drove those 300 miles as fast as she could after her shift because of how bad I sounded when we talked on the phone.⁴¹ Her father-in-law wanted to come, too, when she'd told him about Jeremy having to move me in bed.

My niece is not three months old and my sister is running around taking care of everything -- laundry, cleaning, anything she can do so I don't have to stand up while Jeremy works a basketball game. I can feel the binder and belt pushing me back together. It hurts, a lot. I try to focus on the fact that means I'm healing. I can't imagine ever being able to do all of the chores and errands my sister is doing and I start to cry. She does her best to cheer me up. She thinks my binder has to be helping. Reminds me that I can feel it helping. But her face isn't convincing. She looks freaked out.

She tells me to call my best friend, take time for myself. I do.

It's cold up there. Of course it is. It's January! She's doing well. The girls and her husband are, too. She doesn't want to talk about them. She wants to know how we are. How I am. I tell her about the binder and we talk about how my pelvis will heal itself. It will be inconvenient for awhile, but she knows I can do it. She tells me to let my sister and everyone else take care of me. It's not a bad thing to let someone care for me for awhile. I agree to it. And I tell her how worried I am about Jeremy. All of these appointments and all this stress doesn't change

the fact it's basketball season and Jeremy is working his 8 to 5 and has to be at games to keep statistics and facilitate the promotions during the game. People are counting on him. There's so much to do. Thank goodness volleyball is finished and baseball hasn't started yet.⁴²

Jeremy has told my mom to bring her walker when she comes down in a few days. She hasn't needed it in a long time and she agrees. But my sister has told her not to bring it. My sister thinks a walker will make me feel worse about myself.⁴³ That it will make me think I should be out of bed. My sister wants me sleep more. At one point she tells me to "stop wanting to be normal."⁴⁴ She keeps asking what else she can do for me. She's not used to seeing me like this and she's anxious. She brings me Tylenol. But she can't make it not hurt anymore.

The next morning, my son's fourth day, the news at the lab isn't better. He's the color of a sweet potato and his eyes are a bit yellow. Our already-scheduled appointment with the pediatrician is moved up to as soon as we can get to the doctor's office.⁴⁵ Jeremy does his best to get us across town as quickly as possible. When we get to the parking lot he rushes the Little Guy in. I'm left to make my own way. I'm not upset about this. It's right that our son is getting care now. But it doesn't change the fact every step is a stabbing awfulness. I think for the first time that my guys may be better off without me. But the feeling that my son needs his momma comes roaring in and I keep moving. One painfully small step after another. I look back to see how far I've come and bargain with myself, seven more steps.

Take seven more steps. Do this.

Your son is in there.

Move!

When I get to where the sidewalk leads to the door, there's a railing I can brace against. I'm relieved to be there and realize how warm it is for January 26. I try to laugh at my North

Dakota expectations of winter coming out here on the southern plains. Anything to distract myself from this pain. By the time I get to the appointment room I've missed a lot.

We're going back to the hospital.

My sister is cleaning our apartment when we learn our son will be admitted with a bilirubin of 27. We understand the number is a ratio of some kind, but no one has told us what the number should be. Only that this is high. Really high. There are way too many red blood cells in his body. His liver isn't mature enough to break down the bilirubin and allow it to be expelled from his body.⁴⁶ The bilirubin is tinted yellow, that's why his color is off. He's got *Jaundice*.

I'm in a wheelchair at the admissions desk and the woman assumes I'm the one being admitted. Jeremy cuts in and answers all of her questions while I just stare at my sweet, tired little boy. He was born four days ago and has been poked and prodded much more than his share. I whisper to him that he's going to be OK. That we're all going to be OK.

The pediatrician assigned to the Little Guy's care on the pediatric floor has done the job for five years and tells us she has never seen a baby with bilirubin as high as 27. Jeremy tries to make me laugh with a joke about Little Guy's first gold medal. There are people everywhere, trying to get an IV into his little head. We learn later that they brought a woman down from the NICU to get his IV in. They've given our son a pacifier with sugar water on it. We hadn't planned on a pacifier. But the sugar water will trigger his brain's happy chemicals so he'll hurt less. (And it starts! Pacifying a child – of any age – with sugar is not a solution. But this isn't the time to debate that. They need to help my son feel better. Eventually, one of the nurses says casually that the happy chemicals released when you eat sugar help him hurt less.) They're going

to pump him full of fluids to help flush his system and keep him under the lights. That should break down the red blood cells and help solve his *Jaundice*.

The doctors and nurses are asking questions. I hear someone say: “Where did this baby come from?”

If he'd been born there, he'd be in the NICU receiving this care. But because he's been discharged from the birth center and admitted here he's on the pediatric floor and Jeremy has to hurry up and do the insurance paperwork at work. The Little Guy is medically his own person now, not part of my claim anymore. They have questions about the birth, too. The papers say something about oxygen and the doctor asks me about whether the baby got any at birth or I did. I explain I wore a mask for a while and the cord was fully white when they cut it. She shrugs. That's it. Cord blood is full of red blood cells. It's likely then, she says out loud but not really to us, that his blood isn't septic (poisonous) but they'll have to do a test to be sure.

I'm still sitting in the wheelchair, making no attempt to get up or move to another chair. No one asks questions about me. I'm getting some weird glances but rightly, they're focused on my son. When things calm down a bit I start to cry. I'm pumping and a small nipple crack leaves the liquid gold tinged rose.

A nurse tells me I'll have to throw it out and I lose it.

No we don't! That's almost 2 full ounces. No. That's ours! We need this!

I screamed at someone I don't even know. I'm ashamed of myself. I'm crying and can't stop. A hospital social worker comes to see me. We're sitting near a window and it looks like such a nice day. It looks so calm. I wish I felt that way. I'm frantic.

I'm scared to take my medication because it will make my son groggier and Tylenol isn't helping at all.

I have to pee and I know how difficult and painful it's going to be to get up.

The last four days has been completely overwhelming. I can't move. I can't even be still without pain. I can't carry my son or do simple things for myself. Now my son has an IV in his head!

I don't know what to do.

I can't focus enough to remember much of what she says about that. But I do remember her giving me a box of tissues and saying something about the baby's feeding tube.

Take your Hydrocodone now. He's OK now. Just write on the label when you freeze this milk and save it for when he's feeling better.

That's a wonderful idea! I tell Jeremy later how nice she was. I know she heard me. And I start alternating the Hydrocodone and ibuprofen.

The next time a doctor comes in -- a different one -- he asks me some questions about how I am. (The social worker must have talked to him.) He suggests I go to the ER to get myself checked out, right before telling us that if the baby's bilirubin didn't come down to 25 by midnight he would need an exchange transfusion. That would give him new blood without all the red blood cells. Otherwise there's a risk of brain damage. An exchange transfusion? (It's the first time I really appreciated my smartphone.) Brain damage? How could I possibly leave my son right now! That procedure would be dangerous but is definitely necessary. Could have a lot of complications. How could I leave and spend hours in the ER followed by who knows what? I put it out of my mind. I have to be here with my son. Our family needs to be together.

The nurses bring pillows and I move to a maroon vinyl reclining chair. They offer to wheel in a bed, but I explain how I can't really get in and out of it anyway. The chair will be best. It's positioned close to the bathroom and I can use the wheelchair like a walker to make it

easy to get there. There's a bench seat in the shower.

We do our best to stay calm as we hope for the best. Jeremy puts his hands into the incubator and touches the Little Guy's soft skin while he's under the lights. He's wearing purple foam over his eyes and I hope he's resting peacefully. I stay in the chair and feel miles away. Jeremy offers to help me stand next to the Little Guy's box and I shake my head. I'm imagining knocking it down, or collapsing into a heap on the floor. It seems best to stay still and watch his tiny body soak up the rays and break down the red blood cells responsible for all this.

At midnight we hold our breath as we wait for the test results. Down to 21. Yes!

The doctors and nurse are happy, too. Jeremy makes a joke about how the boy deserves another medal.

Jeremy goes home to sleep for a few hours before going to work in the morning. Now that we know the Little Guy's going to be OK, he'll go in for a few hours. I sleep and pump and sleep and spend the day watching my son rest. Talking to him. Sending every ounce of energy I have his way.

Jeremy's mom and stepdad come see us in room 502 for a few hours. They're on the way to see relatives in another area of the state. They leave knowing the Little Guy is on the mend. The next morning we get to hold him. It's been more than 40 hours since he's felt our skin. He's not had milk either. Just fluids from the tubes.

I'm so relieved to hold him. To kiss his face, hold his hand, pat his bottom. I think of my college friend whose little girl spent weeks in the NICU and send them love. The Little Guy is discharged later that day, but we need to get a bili blanket for home and return daily to the breastfeeding clinic so he can be weighed and his blood levels checked.

The relief of knowing he will be OK is incredible. We go home hopeful and I realize,

again, the adrenaline that was pushing me forward has abandoned me. I started taking the Hydrocodone in the hospital and I'll need the refill in a few days. It takes the edge off most of the time, but I don't feel better. I still hurt. Still don't feel whole.

I'm getting used to bracing myself on stable things around the house. I've got a system worked out so I can get from a sitting position on our bed to the toilet with 10 of the smallest steps you've ever seen and a specific set of hand placements. I start with a deep, cleansing breath to prepare for the work and pain ahead. The bassinet is first. If I brace against it I can balance enough to stand up and take a step forward. Next I take two steps toward the bathroom door and lean forward to brace the door frame with each hand. Another step and a pivot so I can put both hands on the sink. Three steps toward the toilet and a pivot so my back was facing the right direction. In order to sit down I first lean forward and put my hands on the towel bar. Then I put my right hand on the sink and ease myself down with small steps backward. Jeremy hates that I lean on the towel bar. He's afraid it will detach from the wall and I'll fall. Maybe he's right, I admit to him. But I can't figure out a better way.

I try to bury the fear and put on a brave face knowing Jeremy has to go back to work. My sister had to get back to work and my mom's not here yet. Truth is, I'm scared when he's not there. The Little Guy and I are isolated. Stuck in the back room.

I can't slide across the couch, push myself back to sit up in bed or carry my son down the hall to the living room, much less down the stairs if there was an emergency. I can't stand in the kitchen - or anywhere, really - without being able to brace against something. Even getting a glass of water is a major undertaking. I never shower unless Jeremy's home. I need help getting in the tub. Forget about shaved legs. I can't stand on one leg for \$10 million. Not even for a whole second. I don't stand straight. I can't somehow. Can't get my back to feel tall, shoulders

back, the way grandma taught me. Impossible. It makes me mad. Nothing's impossible. What is going on? What happened to *if you work hard enough*?

When I have to move I keep my knees as close together as possible. My pubic bone hurts when I open my legs to wipe myself. Jeremy's starting to think about sex already. I can tell. How much can possibly change in less than four weeks? And I'm terrified something could hit me there.

I start to imagine the Little Guy getting bigger and flailing around. Or being at a volleyball game and having a ball hit me. Start to wonder if I'll really get better. When I'll be able to go to a game? Ever be able to run? Carry my son? I was prepared for hemorrhoids or peeing when I sneeze for a while. I was not prepared for immobility and fear.⁴⁷

For five consecutive mornings we visit the breastfeeding clinic to get the Little Guy's blood and weight checked. We've got a system for this, too. Jeremy parks at the entrance, gets a chair from the hospital entryway, wheels the chair up to the car door and locks it in place. Using just my arms, I lift myself from one seat to the other while Jeremy's getting the Little Guy out of his seat and bringing him over. I snuggle the Little Guy into the sling as Jeremy shuts my car door, unlocks the chair and wheels us in. I talk to my son as we wait in the lobby while Jeremy parks the car and comes back in. Jeremy pushes the chair to the elevator and down the hall to the clinic.

Maybe this is what normal will feel like now. The nurses at the clinic know about how high the Little Guy's bilirubin got and they're thrilled at his progress. They do their best to coach us both. He's forgotten how to latch after those days in the hospital with the tubes and is drinking from bottles a lot now. We keep trying and trying. And I keep pumping and pumping. His pediatrician thinks maybe his short frenulum is the problem. It's the thingy that connects the

bottom of his mouth to his tongue. It's too close to the tip of his tongue. She arranges an appointment at the ear, nose and throat clinic and they clip it in a matter of minutes. Jeremy gets us settled in the apartment before he heads to work. He makes sure I'm propped up in bed, have a movie and the remote and a box of necessities. Cuties and apples, diapers and wipes, crackers, bottled water, pumping supplies and the tiny cooler all spread out on the bed. He calls a lot -- every two hours or so. He never says he's making sure I haven't fallen but I know. He's got to work. It's basketball season. It's crazy right now. He's trying to do the right thing. We're doing the best we can. We're going to be OK.

The first time I check my books for information on pelvic injury is when we're home. The Little Guy is sleeping on my chest with the bili blanket when I see, in the book everyone reads, an entry in the chapter on pregnancy complications. Symphysis Pubis Dysfunction sounds like something that typically resolves when the baby is born. Like what happened to the nurse I met at the birth center at our first follow-up appointment. "And in even rarer cases, SPD can worsen after delivery, requiring medical intervention."⁴⁸ What kind of intervention? Is the binder what they mean? I didn't have consistent pelvic pain during pregnancy. Do I have this?

On the Little Guy's second Saturday, no one pokes him or sticks him with anything and he meets my mother for the first time. She brings me a shiny blue metallic walker with a pocket that she splurged on because it will hold stuff when I go back to work. It's a treasure. Freedom! It's new, not the one she has at home. That one's somewhere she couldn't get to easily, so she bought this one the way here. Jeremy and I are both relieved. Then we realize it won't fit through the bathroom door, so it doesn't solve the problem of the towel bar. But what it does is awesome. Now I can strap my son to my chest in the Moby wrap carrier and make it down the hall. It takes a really long time. But I could get us out if there was a fire now. That feels like a big deal.

On the Little Guy's third Sunday, the first in February, a Rabbi comes to our apartment and the little guy is circumcised. (Our research into the tools and practices used led us to set this up months before our son was born. No ceremony. No religious requirement. But right for us. In childbirth class they advised against it, presented it as a barbaric mutilation even. It made me angry because it wasn't presented as a discussion, as everything else had been. We'd decided and arranged everything long before that class.) That morning my mom baked cookies -- gluten free and kosher. She wanted the day to feel special. No one eats them but her. The Rabbi lets Jeremy help and everything goes perfectly. The Little Guy cries some, but Jeremy straps him into his car seat and the Rabbi swings him until he stops crying. He is very compassionate to me, too. I haven't gotten up from the recliner since I sat down and he can see the walker parked next to the chair. I'm going to take the last Hydrocodone from my refill today. I've got to take it easy.

My mom arrives the weekend my two weeks of vacation and sick leave run out. It's the Little Guy's third Monday and I'm working from home half-time now. Jeremy leaves me with a box of necessities on the bed -- the same as before, lots of fruit, Clif bars, bottles of water and the remote -- so I'll have what I need at least until mom wakes up. (She doesn't sleep well and stays up late and sleeps until 11 a.m. or later most days, so I can't count on her to help me until about lunchtime.)

I'm wearing the binder, trying to get it tighter and tighter. I can't feel it working now like I could in the first two weeks and I'm desperate to. This can't be all the better it will get. I need to be able to drive. I need to be able to carry my son on the stairs. To swing him around in a field of grass. I need to be like every other mom and be able to carry the baby in the car seat into the grocery store when we're running out of milk. I can't. Jeremy has to do it all.

My mom is upset that I'm having to work from home. I'm lying in bed reading emails and writing a video script. She wants me to rest.

I don't qualify for FMLA. I haven't been there long enough. No, Mom, I can't get disability. No one thinks there is anything wrong. No I can't just not get a paycheck. Because I'm salaried they said working half-days from home means I'll get my check and we'll be OK.

I'm sick of being inside and we start to venture out for short trips the next week. On Valentine's Day, the Little Guy's fourth Tuesday, we visit campus briefly. Jeremy's stuck tennis balls on the back legs of the walker so it slides quietly and more smoothly. He doesn't tell me so then, but the noise it made was embarrassing to him. It made people turn to see us, see me. He didn't want that for me. I never noticed. Being up and out was a triumph and I didn't have time to notice. It's difficult to get from the parking lot, down the sidewalk and all the way to the building where my office is. But in a few weeks I'll have to do this every day so I'd better practice.⁴⁹

Around the Little Guy's one month day, my sister, her daughters and my friend from Iowa all come to visit. It's crowded. I don't say so but I wish they had spread things out. A little help more often would be better. My sister's very concerned that I'm working. And that Jeremy's working. I'm confused by it. She was back to work by now. What does she want me to say? I tell her what I told my mom. I don't have a choice. She's a great encouragement for me though, as the Little Guy and I are still trying to get back to breastfeeding.⁵⁰ My friend from Iowa is concerned, too. She wants to know everything I know about what's wrong with me. I tell her and she's not satisfied. She's worked as a reporter, too, and Googled "separated pelvis childbirth" just like I have. She's as frustrated as I am and I don't know any more than she does.⁵¹

Everyone's telling me to take more medicine. Every time, I have to tell them we only have over-the-counter stuff. I'm out of the Hydrocodone. Thirty pills doesn't last very long. I took the last one on February 5. (When I talk with all of them about it much later, they don't remember that the pills had run out, only that they're upset with me for not taking them. My mom said this contributed to her perception of me making much ado about nothing. "You're not taking the medicine, so how much pain could you be in?"⁵² My sister said: "You wouldn't allow yourself to take meds for pain. I know a lot of that is mom, but I felt like you wouldn't take them because you didn't want to admit you weren't strong enough."⁵³

During their visit we venture to Target. I spend most of the time on the bench at the entryway with my son in the Moby wrap. I try to do this without the walker. I'm going to have to go back to campus next week! But it was a bad idea. Walking is so much work. And it doesn't take much before I'm incredibly sore. Everyone is encouraging and excited that I'm "getting around." But I'm not. I feel like they're not understanding me. They don't understand how much I'm struggling right now. They're right here and I feel more alone than ever.⁵⁴

Just before they all leave we have a chance to celebrate an incredible victory. The Little Guy is latching again like a champ. He's got it all figured out and we're all thrilled! I'll have to pump at work, but we've got most of a week before then. It's an early birthday present for me. One less thing to be worried about.

My mom is the first person brave enough or blunt enough to ask me if I wished I'd had a C-Section, not been so set on a natural birth. At first I'm stunned. I think to myself "Does she really want to say 'I told you so?' right now?" I try not to let her see how much what she said stings. I try to make her understand that it was exactly what we both wanted -- except for hurting

my pelvis. And I don't have a rewind button and neither does she so I'd rather she not bring it up again.⁵⁵

I still haven't learned the actual name of what's wrong with me, still haven't had any sort of diagnostic assessment. When I can't sleep at night I'm reading online about "separated pelvis in childbirth." My mom's not really interested in hearing that stuff. She wants to get to know her first grandson. She's doing dishes and folding laundry, sometimes chopping vegetables at the kitchen table. She's doing what she can to help Jeremy with the stuff I can't do. I'm kind of impressed at how much she's doing.

Jeremy listens when I tell him what I've learned. I tell him about a forum I read where women are talking about not being able to walk for several days. "I must not be that bad off then." It takes more time than it should and I have to pay attention to how I take each step, keeping my knees really close together, but I can "do what I have to do" -- unless it means carrying my son while walking on my own.⁵⁶

It's just Jeremy, the Little Guy and me now and we're looking forward to things feeling calm. But when my paycheck arrives, it's only half what it should be. I was working half-days -- editing and writing scripts, web pages and updating the university's style book from the couch. All of the projects we decided on before delivery. I've been pushing myself to the brink when I should have been resting for this paycheck. What's going on? I call my boss and she says *what did you put on your timesheet?* She tells me to call payroll. As the timesheet approver, why is she asking me that question? The woman I talk to in the payroll office does her best to walk me through everything. Salaried employees who work "more than four hours" a day are paid for a full day. *So because of one minute each day I'm not getting a full check?* I tell her everything that's going on and we end up crying together on the phone. I tell Jeremy as soon as he gets

home and we can't believe that this has happened. We talk it through and I call my boss and ask if it would be possible for the Little Guy to come to work with me on the first two days of March so I can get a full paycheck. He's not legally old enough to be at daycare until the following Monday. She agrees.⁵⁷

Jeremy and I are both really upset and I'm getting more and more down on myself. I'm finding more and more awful sounding stuff online, too. It's all compounding. Crushing me emotionally. Jeremy tries to convince me that we'll have one tough month and then we'll be OK. He tells me to stop reading the Internet and to stop comparing myself to something I read.

That's not fair to you or the other women, he says.

I know that's true and I start to think a lot about how it's better that I was hurt and not my son. I see something online that makes it seem like the alternative to separating my pelvis was my son breaking his collarbone or an arm. It changes the way I think. I fixate on how this shows my body really was built for this. Everything happened because it *had to* and I didn't fail at anything!⁵⁸

Truth is, I will spend more than a year in therapy to untangle the fact that my best day -- the day I gave life -- and my worst day -- the day I split in two -- are the same day. My son will be older than two before I can see a pregnant woman in the mall or the grocery store and not have to fight the urge to walk up to her to see how she is feeling. I will get sweaty palms when someone mentions labor until he's three. My son was just shy of three and a half when a woman I know spoke generally about her "body splitting in two"⁵⁹ when she had her baby. I broke into a sweat, had palpitations and had to excuse myself to use the PTSD Coach app still on my phone. Later that day I asked her if something had happened in her daughter's delivery and she said no, just labor. Her daughter's two. When I told her briefly about my experience, she stared

dumbfounded and apologized. How could she have known? Doctors aren't talking about Pelvic Girdle Pain and Diastasis Symphysis Pubis as things to look out for. Things that could actually happen to someone you know. Or to you.

Chapter 3

It's my 31st birthday and the Little Guy's second day of daycare, early March, when I drive myself to the six-week postpartum checkup. The birth center is only a few blocks away. Jeremy can't leave work for this appointment. I'm nervous to be driving for the first time since my son was born, but I leave really early and drive slowly.

As always now, I carefully climb the stairs one at a time toward the exam room. If I hold the bannister and lean into it when I lift my right leg up to the next stair I'm OK. I'm not using the walker now, but still wearing the binder. The exam is with the midwife I got to know the least, the one who told me she was proud of me at the last appointment before I delivered. She's glad to hear my son is doing well. She's clearly aware he spent some time in the hospital.

She wants to do a pap exam. Ok. I take the binder off and lay it in a chair. I quickly learn there's no way I can hold my feet in the stirrups.

Can you move them closer together? I asked her. *I can't spread my legs that much. If I just told my legs up can you do it anyway?*

I hold my knees together, supporting my legs with my hands under my knees and my elbows and forearms pushed against my thighs, as though I'm sitting in an invisible chair. It takes a lot of energy for me to lay still like this while she swabs. The room is dark. It's supposed to be relaxing but it makes me more stressed. Feels ominous somehow. When she's finished I start asking questions.

How long will the binder allow me to keep getting better?

Cleared for sex? What? No. There's no way I could have sex right now. How long will it take to get better? When can we expect that I can walk normally again?

All I remember of her answers was “There are other ways to enjoy each other.”

Excuse me? This isn't ninth-grade health class. We're not going to get our picture taken in a photo booth to replace our intimacy. I think to myself. That's really the best there is? Does she mean forever or for now? Now I have no more appointments at the birth center.

She says I'll get a postcard in a few years when I need my next pap “unless we see you for another baby before then.”

I don't know what to say. My head is spinning. *Are you listening to me? You just saw as well as I can hold my legs. I can't have sex. Can't get pregnant without sex, remember. Why can't I say all of this out loud?*

She's smiling, as though if she smiles enough I'll feel good and not hear what she's saying and everything will magically get better. Later I realize she's smiling the way my dad laughed at inappropriate things. He didn't know what else to do and laughing made things seem OK. She didn't know what to tell me at all. So she smiled.

I leave frustrated. Angry and scared. Jeremy meets me under the cottonwood tree halfway between our offices. It becomes our place when I'm having near panic attacks. This time he tries to calm me down by assuring me that more time will keep healing me. But I know he's thinking about how we're supposed to be cleared for sex now. Twice he's said we need to find intimacy again and “heal” that part of our relationship. He's thinking about the absence of our physical existence as a couple. I know that. He's not thinking about my broken body. He wants us to be normal. So do I. But I'm terrible at explaining what I'm feeling. I want so much to be better that I don't want to tell him all the time how much I struggle to get to a meeting, how hard it is to be back at work and away from the Little Guy. How embarrassing it is to be pumping breastmilk in

a cubicle without a door because I can't walk to the building across campus with the nursing room.

He's feeling so much pressure. Even though I'm better this week than I was two weeks ago, I'm exhausted by the end of the day. Spent. He's doing all the cooking and cleaning and at least 30 percent of the baby care. He never asks me what I want for dinner because I can't make small decisions anymore. It's like I don't have room for the small stuff. He's doing way more than he should have to be at home. Plus work. His job takes a toll on him when things are going great. This is too much. It would be easier on him if he didn't have to take care of me and the Little Guy. It's my birthday -- I love birthdays! -- but I'm in a very dark place. I decide if nothing has improved by the Little Guy's first birthday my boys really will be better off without me. They deserve a full and complete life, with camping, hiking and adventures. Jeremy deserves a full marriage. Real intimacy. If I don't get any better than this, they'll be sacrificing too much. These bad thoughts manifest first as fear that causes me to say things to Jeremy like "if you want to leave, I understand." Our marriage is almost 17 months old. But it's what happened with my parents so I know it's possible - for chronic pain to cause one partner to suffer emotionally while the other suffers physically. Leaving is a way for one to stop suffering.

My parents split up when I was 14, after 23 and a half years. She'd been sick for more than two years by then. She'd had a surgery that didn't do any good, she'd stopped going to physical therapy, was receiving social security disability and missed out on so much that I had to stand in as the woman in our house for things, making a dish to bring to a potluck or going with my dad to an event on campus. I never asked my dad about it directly before he died, but I know it was awful for him that she hurt and couldn't find answers. It made her feel so bad about herself and he couldn't fix it. She wasn't able to be a partner anymore. Sometimes when Jeremy brings

me something to drink so I don't have to get up I remember my Dad saying he felt like a butler. It was the summer before they split and it started an awful fight. She was hurt by it and thought he was trying to be hurtful. He was trying to be honest. He was doing so much. And he told her then that it was her fault I didn't get a childhood. (I could hear them from my bedroom, I wasn't standing there. But I'm sure it's because I was mentioned that my 13-year-old-self committed this so powerfully to memory.) It's because of this that I worry so much that Jeremy will leave. Take the baby and go. He spends a lot of time trying to squash this fear in me.

He's not my dad. I'm not my mom.

We keep going.

In April things are feeling better. I'm starting to be hopeful. The Little Guy is sleeping in the bassinet next to the bed now rather than on my chest because I can lift him in and out when he needs to eat. We're both sleeping better and I'm getting stronger. A lot stronger. I even wear a pair of brown 1 inch heels to work one day. Not my best decision. But a remarkable improvement and I share my excitement with a coworker who's noticed my shoes. She's been very compassionate toward me since we visited campus on Valentine's Day. Seeing me with the walker made a big impression on her and she always wants to know how I'm progressing. I'm grateful that she wants to be a listening ear and we're becoming close.

I still wear the belt sometimes, but I feel like we're getting somewhere. We're all going to be OK. I even feel strong enough to travel with my son to Las Vegas for a professional board meeting around tax day. The organization will be hosting a large convention there in August. There's a lot to get done and they're counting on me. Jeremy's mom and sister take a long weekend and meet us there to watch the Little Guy while I'm in meetings. Everything goes great. I'm tired and sleep a lot, but I'm doing this. My mother-in-law is thrilled with how well the Little

Guy is tracking toys with his eyes. I'm so grateful they were willing to make the time to join me and are having so much fun with him. The trip builds my confidence and I'm feeling more optimistic.

My best friend and her husband come down for a visit from North Dakota at the end of April. It is spring here and they love that we're walking around in T-shirts already. We take them shopping in a nearby community with a bustling downtown. In pictures, I'm wearing a skirt and sandals and a huge smile. At some point during the day I run across a street to catch up with them. I feel like an eagle soaring, my hair flowing in the breeze I've created with my motion. I'm shouting at them that "I'm running" and they share in my exuberance.⁶⁰

I've updated my friend and her husband on my progress, but it's not consuming our visit. We're having fun. They're getting to know the Little Guy and we're reminiscing. After 19 years as besties, there's a lot to remember. I drive to their hotel with the Little Guy even carry him in his seat inside.

My hair still is falling out a lot (making up for the thickness I gained during pregnancy), it's bugging me and I'm thinking of cutting it. My friend joins me at the salon. The husbands have the Little Guy. We laugh like teenagers about silly things. I'm just taking regular naproxen sodium now and I'm feeling pretty normal. Like my body works the way it should again.

The weekend of my first Mother's Day, about two weeks later, we travel to be with family. The car ride feels alright. I sit on a pillow but I don't have to hold the handle for the whole ride. I'm getting stronger. It's great to be with them. We all plan to go to the state park where Jeremy and I got married about 18 months ago. We're going to have a cookout and a day in nature. The little hike along the stream is one of my favorites. It's flat and you can hear and see the water most of the way. It's a beautiful day. Let's go. I take it slow, keep my knees

together as much as I can while navigating the terrain I've always taken for granted as easy. When we get back to the picnic area I'm tired and want to rest, but I'm OK. We did it. This is good.

That night, almost 10 weeks after I told the midwife there was no possible way I could have sex, we tried.

Did you hear that pop? This is not OK. This was a bad idea.

I take a bunch of Aleve and convince Jeremy to move the Little Guy from his crib in the other room to the bassinet.

Get it out of the closet and put it next to the bed. Because I don't want to get up to get him tonight.

I try to go to sleep, hoping I'll feel better in the morning. Can't sleep. My mind is racing and I'm hurting. It's burning and throbbing and bringing back all kinds of memories. No. NO! Selfishly, I never wonder what Jeremy is thinking and feeling in the living room.

In the morning I struggle. I put the brace back on and slog through work. A few more days pass and I've stopped doing anything physical that I don't absolutely have to do. It hurts too much. Jeremy doesn't want to start doing my chores again. Laundry piles up. I'm having trouble sleeping.

The following Saturday, May 19, we decide to switch things up, try to do something fun. We take our sleeping son for breakfast at IHOP. I order the fruit and nut pancakes with eggs and turkey sausage. I gained a lot of weight in pregnancy and because of all the pain I haven't been able to exercise. So I'm trying to make good food choices.

That afternoon, Jeremy suggests we watch the documentary Forks Over Knives.⁶¹ It's about the science of what eating animal products do to the human body, why a plant-based diet is healthful. As soon as the movie was over I said: "Let's do it. We have to do this."

"Really?" Jeremy's excited that I'm so in. He wants to do this, too. We have to do it together or it won't work.

For me it's about my dad and my son. For Jeremy it's about his weight. We both believe so strongly in taking personal responsibility for our health that the science just clicks. My father, and his brother both died far too young because of complications of diabetes. Dad was only 54. He had been insulin dependent for more than 15 years and received kidney dialysis three times a week for more than two years. I didn't want that for anyone else in our family.

Our son is two days shy of four months old. He's about to start eating food. I can't help but think "Wouldn't this be the best possible way to model healthy food choices for him?"

Maybe this will help me feel better, be less sore. Put good in, get good out, right? This would give us a way to feel in control of something, too. Based on the science, a whole food, plant based diet seems like the most efficient and effective way for us to get the results we want - - healthy, happy and fulfilling lives for all of us.

Jeremy's digging into new recipes, getting excited about cooking again and getting really creative. It's a great outlet for him. It's fun to be excited about something together and I imagine my body working to heal itself. After a few weeks I notice changes in all of us. I haven't gotten a migraine. The Little Guy is sleeping better. Jeremy's losing weight. But I'm feeling physically worse, not better.

I'm scared and back to thinking like I did on my birthday. I can't shake it. I can't sleep. Nights in a row I lay awake thinking about the life we all deserve and hating myself. I haven't

had any Hydrocodone since February. I'm taking way too much Tylenol and Aleve and I can't even tell if it's making a difference. I'm afraid of everything.

Jeremy suggests the ER, bringing up what the doctor said when our son was days old.

And tell them what? That no one thought anything was really wrong with me before but we tried to have sex last week and now I can't walk again?

I'm scared, Jeremy. What if it is in my mind? What if I'm a wuss like my mom says?

Making a mountain out of a mole's hill?

His eyes well and his face is full of pain.

"You hurt. That's real. It's real to me and you don't deserve this."

I will remember that all my days. He held me as best as the circumstances would allow, kissed my forehead and let me cry until I was finished, my tears soaking through his shirt.

We decide that I'll call the family doctor and push for a referral. It's late May. I finish pumping during my lunch break and make the call from my cubicle when no one else is in the office. I cry on the phone trying to explain everything to the nurse. My coworker who noticed my shoes can tell things aren't right. She sits down in my cubicle after lunch and wants to know what she can do to help me. Anything. The nurse calls back the next day with an appointment at the local orthopedic clinic on July 12.

That's six weeks away. There's nothing sooner?

Sometime that week I see a *Time Magazine* cover that gets me worked up. "Are you Mom Enough?" it says. The cover story is about attachment parenting. Worth talking about. But why are we constantly pitting women against one another? I'm feeling isolated by my condition. My friends with children had very different experiences and it is hard to talk about what's going on. But the article has me thinking about how vulnerable women who choose natural birth are to

messaging of strength vs. weakness. Did the fact I'm "strong" because I chose a natural birth make me sugar coat what I said so I wouldn't look as "weak"?

Why hadn't I demanded an X-ray? I could have screamed and badgered until they had to.

Why was I too ashamed to go to the emergency room?

Why don't I love myself enough to say out loud that not being able to walk without pain is an emergency?

That summer is the hardest. I can't think. Can't focus. Just before Memorial Day I chop my hair shorter than it's ever been, trying to shed myself of those bad thoughts and the pain. Desperate to be free of this pain.

Jeremy's desperate, too. Desperate to be us again. To be the family we imagined we'd be. He wants to go camping. Exploring. He wants the Little Guy to see a fire. Hear the birds. Be outside. I try to convince them to go without me. No way! We're family, we go together. (He doesn't say he's worried about leaving me alone, but I think he is.)

We won't hike. He's bargaining with me. *We'll stay close to the tent. Just rest in the good air.*

I imagine what it would feel like to be away from everything -- imagine I can leave the pain behind, too. And I agree to go. There are pictures of me smiling on that trip. And pictures of the Little Guy seeing fire for the first time. But all I remember is sitting in my blue camp chair watching an oriel sing in the tree. Orioles aren't the most common here. It makes me think of my dad because he loved the baseball team. And I wonder if the bird is singing in spite of feeling out of place. Or does the bird not know?

I can't lay flat without pain. In an email to my friend in Minneapolis I describe that my pelvis still hurts at about a two about 90 percent of the time (just kind of an ache). The other 10

percent it spikes to a seven or eight “because I forget and try to move something with my foot while standing on the other foot (BAD IDEA) or I stub my foot into a crack in the sidewalk and have to catch myself or have gone down one to many flights of stairs without using the elevator.”⁶² And I tell her how frayed my nerves are. How Jeremy is frustrated that I put on a brave face at work but at home I’m miserable. Co-workers are starting to ask me if things are getting worse and if I know why.

I’ve thought about pain in numbers ever since my mom got sick. She’s said more times than I can count that “if childbirth is a 10 I’m an 11” because she doesn’t know when her pain will end. Pain really messes with you. This sucks. Even that constant ache I’m feeling, although if I really think about it I put at a 2, is wearing me down. It’s low-grade sandpaper, but it’s always there.

About a week later I start using the walker again. This is too much. What the hell am I going to do if there really is nothing they can do? What am I going to do when he starts to crawl? How am I going to keep up with him? Keep him safe?

I make notes for the appointment with the orthopedist. Going down the stairs is the hardest thing I have to do every day. Something happens when I lower one leg while the other is still that just kills. I have to go down 27 stairs from our front door to the parking lot just to get to work in the morning. I’m better in the morning and it gets worse throughout the day. Over the counter meds are not helping at all. When we get to the daycare, I’m not stable enough to pick up my son. I want our life back.

The appointment is a Thursday. Jeremy and I wait in a waiting room and when my name is called I head for an x-ray room. I’m wearing my belt and have to take it off. I left the walker in the car. I’m lying flat on the table and my right SI hurts like hell. They just have to take a quick

picture, the tech tells me. Hang in there. I can't bend my knees and for this one I need to point my toes in.

Ohmigod, why! I have to stop doing that.

The pain is blinding. I hold my breath until she says I could relax. OK to get up. We are led to an exam room. I sit on the table and wait. Jeremy is holding my hand when someone in scrubs comes in and puts an x-ray on the light box. Jeremy takes a picture with my iPad.

A tear falls down my face. It's a tear of relief. Not of happiness but of knowing.

That doesn't look like the pictures I've seen online of what a pelvis is meant to look like.

We're going to get answers.

I'm flooded with emotion, start to get antsy. I want to see whomever is coming through that door.

I'm not crazy. Whoever comes in that door is going to be able to do something and will listen when I say it hurts.

I'm relieved and terrified all at once. I say something to Jeremy about how the picture we see is not normal and he tries to get me to stop. Reminds me I'm not a doctor.

Don't cry. We don't know anything yet.

But I do. And, really, he does, too. He's feeling as vindicated as I am. Wants answers right now. Wants me to be able to stop hurting. This is validation that after doing everything I was advised to do, waiting isn't enough.

The doctor audibly gasps as he walks into the room. Jeremy and I talk later about whether we heard him say anything, but we couldn't be sure. He stepped out and came back with a tape recorder. He talked into the recorder. "Diastasis Symphysis Pubis," I scribble as he's talking.⁶³

Our baby, at daycare when we see this first x-ray, is 172 days old when we learn that I have Diastasis Symphysis Pubis -- a separation of the pelvis at the symphysis pubis of more than 1 centimeter. The x-ray shows a gap of 13 mm after all those months of wearing the binder.

It has a name!

This is a very real thing and something can be done now. Right now.

Right?

When the doctor turns off the recorder he says there is no one at that clinic who can help me, but that they will discuss my case at a meeting next week. He has an idea that a pelvic specialist at the university medical center not far from here can help but he's got to talk to the rest of the practice.

The doctor is an older man with white hair. Nearing retirement, I learn later. He's done this job for a long time and it shows as he's talking to us. His manner is calm, caring and serious but not unapproachable. He asks me some questions as I lay on the exam table with my knees bent. He's shocked when I tell him this is my first diagnostic assessment of any kind. He moves my legs a little and says that if I wasn't in such obvious pain that he would have tapped my pubic bone.

I'm grateful to be spared that pain and glad he is explaining things to me. He's the first medical professional to seriously investigate my pain in 172 days.

He prescribes me a sacroiliac brace -- designed to support specifically the lower back. He tells me to wear that tight and to ditch the postpartum support belt I'd been using folded in half and low around my hips. He tells me to use the walker as often as I need it. I tell him about the Aleve and Tylenol and he says to keep doing that, too. Someone will call next week after the practice meeting. He wishes us well.

Although he doesn't have immediate answers, the doctor has helped us so much. Jeremy and I leave the appointment with a renewed sense of purpose. A glimmer of hope.

And a bit of confusion.

Is this really so uncommon that even this clinic full of surgeons can't fix it? But mostly I think about how the problem that's caused all this mess for us has a name. I can start really researching something now!

I can't tell right then, but Jeremy is pissed.

If they know what it is, why are they waiting for anything? Why can't we take action today? The time between that appointment and something actually being done was hardest for him.⁶⁴

In the first days after my son's birth, I found something online that suggested 1 in 3,000 women sustains a "separated pelvis" in delivery. I told a friend about it then⁶⁵ but I can't find that site now. Instead, I start to find things about Pelvic Girdle Pain (PGP), Symphysis Pubis Dysfunction (SPD) and references to Diastasis Symphysis Pubis (DSP) as "very rare and diagnosed by x-ray."⁶⁶

The terms are confusing and I develop my own way of understanding it until I discover the European Treatment Guidelines⁶⁷ (well after my surgery). In my mind at that time, PGP meant all pelvic discomfort related to pregnancy. The umbrella term. SPD meant a gap smaller than 1 cm that's causing pain and other symptoms and DSP meant a gap of 1 cm or more. (Really, PGP is an umbrella term, but SPD seems to be phased out in favor of PGP. DSP still is a gap of 10 mm or larger.)

I find articles that suggest 1 in 250 women sustain pelvic girdle pain with dysfunction⁶⁸ and that only 1 in 20,000 sustains Diastasis Symphysis Pubis.⁶⁹ I start to think about how maybe

I'm the only one it happened to the day our son was born. Or maybe there are 99 more women who experienced it the same day as me.

What kind of treatments are they getting? Were they back to work right away? Using a walker? And a belt? I read an online forum post from a woman who delivered a stillborn baby and separated her pelvis. She's not allowed out of bed and has no baby to hold.

I cry and can't stop.

We're so lucky. Our son is so content. He's already eating sweet potatoes and doing things that make me stop and take a breath in marvel. He's so happy to see me at the end of the work day and his giggle is the greatest thing in the world.

After a few days break from research I start to realize a lot of information I'm finding is coming from the UK. A booklet I find, written for healthcare providers, explains that PGP is a mechanical disruption that is common, but not normal.⁷⁰ The group suggests anyone presenting with symptoms should be immediately treated, starting with a trained physical therapist. Physical therapy? I could have done that in late March and April for sure. Why didn't I think of that? Could it make a difference now? I start to make notes. I discover The Pelvic Partnership,⁷¹ also in the UK, and I start to feel like part of some weird club I wouldn't have signed up for. Their website is helpful, but has virtually nothing specific to DSP. The self-care tips are valuable and I find I'm doing most of them already. Keeping my knees together when I get in and out of the car, propping myself up when I sleep, using a heating pad, learning when to stop and how to ask for help. It feels wonderful to be reassured.

I sign up to receive regular newsletters and exchange a few emails with the coordinators. Later, I find an article⁷² written by one of them the year I graduated from high school about her personal experience.

The new brace fits better and targets what I need it to more. But it hurts more. I write to my friend in Minneapolis that the pain made me stand up in the middle of a meeting. We laugh about how there is no delicate way to tell someone you've separated your pelvis when they ask what's wrong with you. And Midwesterners always ask.⁷³

Jeremy and I are fighting more again. He feels like he gets the brunt of my misery and people at work get to see me pretend to smile and be happy. He's probably right. I spend so much energy just getting through the day there isn't much left over.

We're both so overwhelmed. Exhausted. He wants me to feel better right now. So do I. But we're still waiting. We should hear something about what's next after the practice meeting. I want to be ready. I email a health reporter friend in my former newsroom⁷⁴ to see if he knows any orthopedic surgeons there who I might call or email. I email the surgeon briefly that day at lunch. His reply is waiting for me the next morning. I'm amazed he gets back to me so quickly. He says "The only option, if any, is surgical" and should only be considered if "pain and disability is persistent."⁷⁵

Ominous.

But the practice meeting is coming up. We should hear something soon. I forward the message to Jeremy and let my friend know what I heard.

"Take it an hour at a time," the friend writes back. "I think everything will be fine."⁷⁶

Reassuring messages are becoming an important part of my day. Two friends are emailing often and they're boosting my spirits.

My sister's birthday is coming and Jeremy's looking for ways to boost my spirits, too. We plan a hotel weekend with my sister and her family to celebrate and let the kiddos play. The babies can roll around together or something. Jeremy thinks the pool will be good for me.

After lunch the day we leave for that fun weekend I get the “magic phone call.” But instead of coming from the local clinic with news, it comes from the university medical center. The woman says I have an appointment with the pelvic specialist. But she only says his name.

Is he the pelvic specialist? I ask her. Are you calling because of my x-rays at the clinic here? They called you?

Yes. Yes, that’s right. He can see you next week. Can you be there?

Yes. Absolutely, yes.

The babies do roll around together at the hotel. The pool is nice, sort of. I can’t relax if I’m holding the Little Guy. Jeremy plays with him and he seems to enjoy it. I just want to be weightless. Things are not great with my sister and my brother-in-law. The hotel is decorated for her birthday with a banner, hats and a vegan chocolate cake. But she’s not having fun. She’s tense and distracted.

It’s good to see them, but it’s nice to be home at the end of the weekend.

There’s a lot of stuff going on at work and the national organization whose board I sit on is weeks from its major conference in Vegas. How am I going to handle a Las Vegas hotel when I can barely walk across our small campus?

I can’t not be there. People are counting on me.

I send a list of questions for the surgeon to my friend in Minneapolis and my friend in Iowa. I want their opinions. And I tell them how worried I am about Jeremy. I think he’s partly blaming himself and I know it’s hard for him to watch me be in pain and not be able to fix it. He’s doing so much around the house, getting used to being a dad. It’s hard on all of us. Every day he helps me out of bed and tells me I can do it, that I’m “strong enough for anything” and I tell a friend in Iowa I have a sense of peace knowing he’s with me every step. I write later how

grateful I am for Jeremy. His zest for life makes me a better person. And his sense of humor has pulled me out of some seriously dark moments. I may not always laugh out loud, but my spirit is recharged because of it. He pushes me -- and holds me up when needed -- so I can be my best self. And the morning of the appointment, I write about my personal fears:

“I'm very emotional today and my mind is racing. What if [the surgeon] says it's not bad enough, that I will need to learn to live with this? I WILL NOT BECOME MY MOTHER!!!

“Jeremy is excited for today -- the day we finally learn what it will take for me to get better. He's so optimistic and hopeful all the time. I love that. He thinks I'm being negative and I told him I'm just trying to prepare myself for all possible scenarios.

Hopefully I will feel more confident soon.”⁷⁷

At that first appointment with the surgeon, he looks right in my eyes and says “I can fix you.” I've just finished another series of x-rays lying flat on the table and I feel awful. But his words make me exuberant. Almost high.

Finally! This is really happening.

He explains that the procedure is something he does a lot -- but typically with trauma victims. He gives the example of a motorcyclist crashing and hitting her body against the front of the bike, forcing the pelvis apart. Except for me that force came from the inside.

I will never forget the look on Jeremy's face when we hear the surgeon say that. Once he explained that to us, the surgeon asked if it would be OK for the residents all to meet me “because they'll probably never see this again.”

As the young doctors walk into the room and form a line, the surgeon is telling my husband he's lucky to have such a positive, optimistic wife.

I hear the surgeon, but I'm thinking about how "I can fix you" must be why people want to be doctors. Wow.

I'm not sure anyone else in the room realizes how many endorphins are racing through my body because of what this man says he can do.

The surgeon tells the residents my name and asks them to watch how I'm walking -- without the walker. My knees are practically touching as I make my way to each of them and shake hands. He explains that I have a six-month old at home and then tells them to turn around and look at my x-ray on the computer monitor.

The residents ask me a few questions. One wants to confirm that our son is six *months* old. Mostly they seem surprised. Like anyone else I've had to tell I hurt my pelvis when I had my son.

My mind is trying to process how the plate and screws I will receive are the same as in a "serious orthopedic trauma." I have one of those. Finally. Someone understands that it's serious and it's been very traumatic. And he knows what to do about it! I'm doing my best to take notes about what the surgeon says.

As the residents leave, the surgeon explains to me why I'm walking with a nearly non-existent stride.

Keeping the knees or ankles together naturally closes the symphysis.

It's an adaptation I figured out myself to lessen the gap. Good for me! I'm getting more and more excited, giddy. This day is momentous. This kind man, who obviously knows his stuff, is going to fix me. Fix my family really. We're going to be OK!

At this point, he says, because I've been wearing the belt for so long and the gap is still at least 13 mm, the only option is surgery. Physical therapy may have worked early on, but likely won't make much difference now.

If I wore the belt that long, he says, it surely did some good. Probably for the first eight weeks or so. But there's no way to know how large the gap was originally.

These are the first x-rays? From July?

The surgeon's voice tells us that's confusing to him, like he can't believe no one else ever ordered an x-ray, but doesn't ask any more. I told him the midwives said the belt would be enough. That my GP deferred to them. He changes the subject.

How are you managing the pain? he asks next.

I tell him I ran out of Hydrocodone in February and over the counter meds don't really make a difference.

He has a strange expression. *You'll have another prescription for Hydrocodone when you leave. Fill it today. If you run out, just call. Take it easy.*

Limit walking. When you have to be walking, use the walker all the time -- and elevators.

Don't push yourself anymore.

He tells Jeremy to pamper me.

Jeremy is relieved the surgeon has more answers than questions. He's feeling the same relief I am.

"How soon can we have the surgery?" He always says we. Sometimes I wonder if he feels the pain, too.

The surgeon tells us he can't operate until we can move out of our third floor apartment. I'll spend weeks in a wheelchair.

*I can't do the surgery until I know I can send you home.*⁷⁸

Moving is a major undertaking. We hadn't really thought about that. At least our lease is up in August.

We're back at the medical center on Monday. I have a CT scan to look at my SI joints. The surgeon needs to see if they'll have to be stabilized, too.

He explains how the pelvis, *because it's a ring* (like those little pretzels), *can never be hurt in only one place.*

There is some dislocation on the right side. But not as much as he expected given what I'd described. He may need to put a bolt in the joint to stabilize it. But he won't know for sure until he's in there.

The surgeon uses one of the Little Guy's ring toys to demonstrate to us what's really happened. We learn he and his wife have a baby, too, when he jokes about playing with the toy. Then he explains what will happen during the surgery.

After I'm "under," my ankles are wrapped together and an incision similar to a horizontal C-section is made, he will remove the symphyseal disk, the cartilage at the symphysis that ruptured when the bones separated. He'll scrape it a lot so the scar tissue will grow back thick enough to take the place of the cartilage and protect my bones from scraping at each other.

Then he'll use a clamp to bring the bones together and screw the plate into place with six screws. That will make the scar tissue that grows in response to removing the cartilage act as though it were cartilage. Not using my pelvis for 10 to 12 weeks -- by being in the wheelchair or in bed, still -- will give that scar tissue a chance to grow. He assures us this has worked very well for many patients and tells us about a man injured in an equestrian accident who is back on horses today. He makes it sound easy, routine, typical even. His experience and comfort level

with the procedure are reassuring. He's confident, but not cocky. Jeremy and I agree later that his experience shows and we're grateful.

The decision to move forward with surgery means no more kids for us. My pelvis won't be able to adjust to a growing fetus after it's reinforced with titanium.

Are you comfortable with that?

We'd figured that was coming and have been talking about how it just means we stick to our plan all along and be happy with one child. I put it out of my mind and focus on right now. This will be the most invasive, most intense medical procedure I have ever experienced. I am so looking forward to waking up, getting better.

Once I'm cleared to bear weight I will start physical therapy to regain strength in my legs and core. It's pitiful right now. I'll use the walker again during that time, too. That sounds incredibly daunting, but I keep reminding myself that I've dealt with this for so long already I know I can handle what comes next.

I'm anxious about the logistics of my recovery and pepper the surgeon with questions.

When and from where do we need to get a wheelchair?

The rental will be arranged at the hospital.

What about the bathroom?

If you don't have an accessible bathroom, You'll need one of those adult potty chairs with a drop arm.

What about showering? Our new apartment is ground floor, but isn't wheelchair accessible. That one we'll have to sort out later.

We leave that appointment with a plan for the first time. We know surgery will be on August 24. We're planning to move into an apartment in the same complex, just downstairs. We have a nice meal at a vegan restaurant then head for the airport and the conference in Las Vegas.

When we arrive at the resort casino hotel, the executive director has my back and secures a motorized chair. She looks at me like she would have agreed with Jeremy that it would have been OK to stay home, but understands I want to be there. Sometimes it's better to keep pushing than to slow down and really feel what's happening. She gets it. I'm grateful.

Driving the shiny red scooter, like in the commercials, isn't hard. The awkward part is strangers looking at me like they're confused. They're judging. Or they want to ask me why I get one of those and they have to walk. I want to tell them how much I would prefer to be walking. To not be in pain. I joke with Jeremy about making a sign to wear around my neck that says "I have a broken pelvis." He tells me people won't read it anyway. He's probably right. It's great to see a bunch of friends and colleagues I haven't seen in years. It's so nice to catch up. Great to hear their encouragement.

While we're in Las Vegas I ask Jeremy his opinion about starting a blog, writing about what we're going through and maybe being able to help someone else. He likes the idea, thinks about how it could help me to talk to someone who knows what I'm actually feeling. He even comes up with a name for it.⁷⁹

I write the first post the day we get back to our third floor apartment.⁸⁰ At home I'm trying to focus. No matter what stress I'm feeling, I know it will be worth it when I can run with my guys. When the pain spikes now I can take something. The Hydrocodone doesn't erase it. But it makes it tolerable. I like to imagine now being able to sleep through the night in whatever

position I like. However difficult it will be to go through what's next, it will be worth it when I can stand on one leg, or get through a workday without feeling like I can't take another step.

The light at the end of the tunnel doesn't help pack boxes, though. There's been a glitch and we're about to move to a new complex a few miles away. Jeremy found this apartment fast and we'll pay more in rent (and have a little more space) because we can move in when we need to. The apartment we thought we had here was actually on the second floor. There was an error in the paperwork and they just figured it out. The second floor doesn't help us at all. Jeremy got everything sorted out in a matter of hours. It's a two floor townhouse. There's a half-bath on the first floor but I won't be able to get a chair in there. But it will work. If we don't like it there, it's only a year lease.

I can't do much to help pack. I can't carry anything. But I can keep the Little Guy occupied while Jeremy is busting it packing, cleaning and making every arrangement.

My friend from Iowa and her fiancé come to help pack. Jeremy and I have to work. My friends spend a day cleaning the apartment's two bathrooms, doing a week's worth of laundry, washing some dishes and packing -- mostly the Little Guy's things. It's weird to pack other people's things. Weirder still when they're not in the house. Stuffed animals are the least awkward. That's what they have time for and they really want to help as much as possible.

My friend has a look of anticipation when I walk through the door after work. Jeremy and the Little Guy were long in the house by the time I arrive and I know she's wishing she could make the awful go away. She's encouraging with her words and gives me a hug. She spoils the Little Guy a bit more before they head home.⁸¹

In preparation for surgery at work, a colleague who is a paraplegic visits our office to make sure he can maneuver all around in his chair. He was more than willing to help when I

called him and gave me some good tips for negotiating hills and turns. A coat rack and a stack of boxes are rearranged and everything is good to go. I'll be home for two weeks (that's how much vacation and sick time I've earned since March), then back full-time, in the chair. I think of how hard it was the first time and know I will be able to manage. This time I'll feel better when I get back. I plan to journey in the wheelchair to the nursing room in the building across campus when I need to pump. That will be such a relief.

A colleague from another building brings me a puzzle book and some simple card making kits, in case I feel up to it while I'm stuck at home (I'll add them to the care package from Jeremy's mom that's already sitting near the bed.) Another colleague, who works down the hall, has lent me her granddaughter's adult potty seat. Her family purchased it after the girl had a similar surgery because of a major car accident last year. The grandma can't say enough about my surgeon and talking to her always raises my spirits.

My officemate, the one who always has checked on me, sneaks a beautiful and encouraging card on my desk. She's cried with me a few times by this point and done her best to keep the custodians from collecting the trash or anything else near my cubicle while I'm pumping. (Most of the time it works, but three years later there's still one custodian who won't look me in the eye.) Other than Jeremy, she's the one person on campus I know with certainty is invested in my health and recovery. I've worked here for less than a year and most people have no idea my surgery is about to happen. Most, even my other two fulltime officemates, don't seem to know what to say or do. So they don't.

Leaving the apartment for work on the morning before surgery I make my last trip down those 27 stairs. We're sleeping in the new place tonight. I never have to see these stairs again.

I stop to snap a picture at the end of the first batch of steps. That's 14 down, 13 to go.

Before I turn for the cement at the bottom, I spit on the final stair.

Dramatic maybe, but no one saw me.

GOOD RIDDANCE!

Those stairs tested me daily, often determining how good my day had the potential to be. I am relieved they are now officially in my past.

Jeremy drives me to work and the Little Guy to daycare before heading back home to pack more boxes.

I try to stay focused on what I have to finish before being out for two weeks. I'm using vacation time so I am going to turn off email and my phone and focus on recovery. It's going to be my job for two weeks to rest and get stronger.

Ours isn't the only complicated life. Today, moving day, the day before surgery, life feels like an extreme sport. In a span of a few hours I learn that a favorite professor in Iowa passed away suddenly and that big things are happening that will keep my sister and Jeremy's mom from being with us at the hospital. Just after I have surgery, Jeremy's grandfather will have surgery to remove a mass from his colon. It's much more important for Jeremy's mom to be there. My sister has broken her foot and can't visit in the first days after surgery as she'd planned. We'll be on our own when I get out of the hospital. My last trip down those horrible stairs this morning was the one true bright spot of my entire day.⁸²

We have to get up only a little earlier than usual in the morning. I have to check in at 9 a.m. and my surgery should start around 11 a.m. It's a Friday. The Little Guy is seven months and two days old.

Jeremy's so focused on surgery -- on me feeling better -- that he's not thinking or even wanting to talk about the recovery period. Our bed is in the living room, a few feet from the

couch. The adult potty chair is in the living room, too. I won't be able to get to the sink to brush my teeth. I won't be able to see into a mirror at home. A guest bed and the Little Guy's room are upstairs. My mom will come for a while. Because she doesn't work she can come for several weeks. It's all arranged. But we're not talking about it.

We drive to the hospital talking about nothing. We're both eager to get to the next phase of this, and probably a bit scared. But we don't talk about it. I'm wearing pajamas and a coat. It seems weird to be doing this in pajamas, but I'll come home in them, too and I'll be going straight into bed, so makes the most sense. They were a present from my friend from Iowa. And they're cozy. I wonder on the car ride there what it will be like to no longer feel every bounce in the road right in my pelvis.

The three of us say our see you later-s at about 10:45 a.m. Jeremy and the Little Guy are settling into a smaller waiting room for people already in surgery. Jeremy moves a chair to stake out some space at the front of the room for the Little Guy and their things. He doesn't remember getting out of that chair during the hours I'm in surgery.⁸³

As Jeremy and the Little Guy are getting settled, I'm sitting on a bed in a hospital gown. The surgeon explains to me that the research he's done makes him think it will be best for my recovery to stop breastfeeding. He says he knows breastfeeding is important to me. But he believes getting the hormones to return to non-pregnancy normal as quickly as possible will give my body the best chance at a full recovery. That can't happen if I'm still breastfeeding.

Are you willing to start weaning your son?

I hate this. But everything the surgeon has said and explains makes logical sense. And he's the first medical professional involved in any of this, since the hospital social worker at least, who has taken me seriously. He believes this is the best thing.

I know that my son needs a functional mommy for his whole life more than he needs the benefits of breastmilk. Seven months of breastmilk, plus however long weaning takes, is a great start for him.

This makes my intention of breastfeeding until he's at least two, as the World Health Organization recommends,⁸⁴ impossible. But it may mean we can be hiking in the spring.

We're all in this together. If it will make me stronger and my chances of a complete recovery better, my son will do his part and I will do mine. I tell myself we will come out of this experience stronger and even more committed and connected to one another.

I agree to start weaning and begin to calculate how long the milk in the freezer will feed him as I wait to meet the anesthesiologist and all the others who will be in the room for my surgery. It seems like a lot of people. But this is a teaching hospital and my case is "interesting."

Some of the residents are asking me questions and I take the chance to ask my own.

Tell me what you think of this pain scale? I see these charts all over and the smiley faces make me so angry. What's a 10 to you?

One says: "A 10 means you could be shot and not notice."

I smile and tell them *I thought that was a nine*, briefly recalling my son's second night and explaining I needed to know there was something worse than that. It's surreal to be smiling about that.

The other one tells me to *Make sure the nurses taking care of you in here for the next few days know that*. "That's not how most people are."

Ok. They're ready. I'm ready.

The last thing I remember is my surgeon asking me what kind of music I wanted to listen to. (Jeremy and I both like his sense of humor.) If I remember right, he went with the Zac Brown Band.

While I'm in surgery, Jeremy and the Little Guy are in a waiting area with code 7713 -- in case they need to check in on me -- for what feels like all day. Surgery was expected to start around 11 a.m. and I wake up in the recovery room after 4 p.m. Jeremy's keeping himself busy with the little guy and wondering how his grandpa is doing. And he's thinking about our life. He writes while I'm in surgery that it bugs him that I say I "want our old life back."

"When we decided to have our little guy we knew we were giving up our old lives and mutually agreeing to build new lives with our child. We will never have that old life back and I'm fine with it. We will, however, get the life we want very soon. The little guy's first pictures may remind you of the pain you're going through, but his first memories will be of us being the parents we are very excited about becoming. He'll remember camping trips and weekend drives across a rolling highway. He'll remember a mom and dad who are full of energy and want to share that energy with him. We will get the life we want together. We may end up losing a year, but we will get that time back."⁸⁵

The surgeon visits Jeremy when I'm in recovery.

*Everything went well. But I think you guys might want to think about giving up this vegan diet. She's got soft bones. Really soft. We're not sure why.*⁸⁶ He tells both of us later that he made a mark in my pubic bone with his thumbnail. He's not sure what's going on but they're going to figure it out before they send me home.

I wake up in a room that reminds me of field hospital in an army movie. I'm near the wall, at the end of a very long row of beds. Each of us has a neighbor across the way. It's loud

but not chaotic and the nurse working with me is very personable. I can hear people being asked about their pain level. I hear one man tell someone he's at a nine right after laughing about something. I want to get up and shake him. Then I hear others. Small talk in normal tones followed by pain levels of nine and 10.

I take a breath and think instead that I know pain is relative and maybe the universal 1 to 10 pain scale is universally misunderstood.

To me, a 7 is having to stop what I was doing to talk. Like the intense wave of a contraction.

I spent weeks on end in the kind of pain that it hurts to think about. And this laughing man is a 9? I want to tell him he's ruining it for the rest of us. It reminded me of what they said in our childbirth education classes about the beginning of labor. "If you still want to have your picture taken it is too early to be here."

The nurse tells me I am receiving Percocet – a combination of 10 mg of Oxycodone and 650 mg of Tylenol – every four hours.

How would you rate your pain right now?

It's between a 3 and a 4.5 depending on when during those four hours, but for me not being able to talk through it is a 7. Crying is an 8. You could shoot me at a 9.

She smiles and tells me I'm going to be just fine.

The best part is, just like the surgeon said, the pain is different!

It is isolated to exactly where my incision is, and the muscle beneath it. No more burning sensation. No more of that deep, horrible ache. And I have no back pain at all! None.

This is AMAZING!

I am THRILLED that the pain is basically superficial. It gives me a true sense that as it heals I will become whole again.

After a while they move me into a small holding bay and my guys are brought in. We spend several hours in that holding bay. It's a small room with no monitors. I don't realize it right away, but I'm waiting for a room.

It's so great to see them. To know we are all in for whatever's next. Jeremy and I are jovial – laughing, high-fiving, hugging as best we could around the IV tubes.

The surgeon comes in and things get even better. He said everything went well and I did not need a screw at my SI joint. He draws on the marker board and explains how he was able to tell the problem there righted itself when he brought my bones together in the front. That is great news! Two incisions would have meant two chances for infection and two drainage bags, and maybe a follow-up surgery to remove the bolt in my back later.

But there's one thing. Has anyone ever told you you have osteoporosis? Anything with your bones?

No. Why?

Your bones are soft. That's when he tells us about making the mark with his thumbnail. I'm going to have an endocrinologist visit you and we're going to run some tests. We're not sending you home until we know you're OK.⁸⁷

That's freaky, but I don't think about it now. Jeremy has still better news. Grandpa came through his surgery with flying colors, too! I don't know much about what is ahead for him, but I'm thrilled we will be recovering together. Grandpa's in his 80s. He danced with me in my Dad's place the night I married Jeremy. He's the kind of man I want my son to be and I'm hopeful they'll get to know each other and have the kind of bond he and Jeremy do.

My guys head home just before 7 p.m. with a plan to stop at the store and then get some rest in the new place. They'll be back in the morning before my visitors arrive.

They've told me to expect my surgeon and a resident, a physical therapist, an occupational therapist, a social worker, a lactation consultant and the endocrinologist. It takes a long time to get to an actual room and en route I have three new x-rays taken.

Because I can't really move yet, a team of three gets a board underneath me and slides me onto the x-ray table and returns me to the bed when they were finished.

What a milestone. For the first time in seven months I lay flat on my back. I bend my knees at first, but I slowly bring them down flat as my body adjusts to being on the table rather than the bed.

Man. That feels good.

Chapter 4

The more I learn about Diastasis Symphysis Pubis and Pelvic Girdle Pain, the more I realize ignorance is an enemy. What happened to me never needs to happen to any woman or family. Standards of care for Diastasis Symphysis Pubis sustained in pregnancy and childbirth were published originally in 2008.⁸⁸ That's right, 2008! Early enough that it could have made a major difference for me if those involved knew about them.

The standards don't say it's OK to wait for six months before an x-ray. But there's a lot of other stuff out there that does say pelvic pain after pregnancy will resolve itself in a matter of months. Because of when that stuff was published, it's possible those involved with my care had read it and thought they were doing what was best. I needed to believe that was true.

Before getting into treatment recommendations, though, it's important first to understand the pelvis enough to talk about it.

Here's what I wish I had known, before, during and in the first seven months after my labor and delivery about the stuff in the middle that connects hips, spine, back and legs:

Medically speaking, it seems everything related to the pelvis is a bit muddled. Consider this that I found in a textbook on the pelvis: "Categories such as 'spine' and 'pelvis' are already confusing. 'Spine' muscles are strongly connected to the pelvis and to the ligaments around the sacroiliac joints (SIJs). The SIJs are the joints between the sacrum and left and right iliac bones, which are part of the pelvis. Officially, pelvic joints and ligaments are classified as belonging to the legs. Classifications such as 'legs', 'pelvis' and 'spine' may serve a didactic purpose, but they impede our understanding of the mechanisms operating in this region."⁸⁹

Clear as mud, right? Even doctors and those studying to be doctors find the pelvis confusing.

The pelvis is a combination of some of the body's strongest and weakest parts. The joint where the ischium and the pubis meet at the front of the body, is the pubic symphysis, "the weakest link in the pelvic ring, supplying only 15 percent of the inherent pelvic stability. The SI joints are the strongest in the body, relying primarily on the posterior SI ligaments to resist vertical and anterior-posterior (AP) displacement."⁹⁰

I didn't even know I had an ischium, ilium and pubis just in the hips, plus the sacrum and coccyx and four different joints -- the sacroiliacs on the right and left, the symphysis pubis at center front and the lumbosacral joint at the back.⁹¹ Five bones and four joints working together for stability. But three of those bones comprise the hips, one is lower back and one is the tailbone. All I remembered was "pelvis," even after an intro-level anatomy class in college. Although I knew what my SI joints are and that was where I was feeling pain, I could not articulate that I felt like my ischium and ilium were pulling apart. I couldn't speak the language that would have demanded more response from my care team. I didn't have the knowledge to challenge the round ligament pain answer.

I did know the pelvis is a ring. But I never thought of it like one of the little circle pretzels I love to snack. It's impossible to hurt it in just one place. Disruption in one place means trouble in another place, too.⁹² If I had known the burning pain in my back meant there was another problem somewhere else in my pelvis, too, I would have been more likely to ask a question about that lights-out shock in my public bone and that shuffling late in my pregnancy.

My mechanics were messed up. And that's a solvable problem.

Researchers seem to agree that the natural hormones of pregnancy, principally *relaxin*, allow the pubic symphysis to slack to create a gap of between 4 and 7 millimeters until delivery.⁹³ As with the nurse I met at the birth center on my son's second day, that gap and the pain associated should resolve with labor. When they don't, there's something more going on. Even Hippocrates "theorized that an irreversible relaxation and widening of the pelvis occurs with the first pregnancy, the resultant instability of the sacroiliac joints leading to symptomatic inflammation."⁹⁴ "Joint loosening" of the pelvis is described in medical literature as early as 1839.⁹⁵ Some species of rodents have evolved such that the symphysis pubis is fully fibrous and able to stretch as much as necessary for their offspring.⁹⁶

What today is known as Pelvic Girdle Pain (PGP) or Pregnancy-related Pelvic Girdle Pain (PPGP) has only had a common definition since about 2004, after a group of researchers called for common terminology in *European Spine Journal* in order that health care professionals could stop treating the amalgamation of pelvic ring pain in pregnancy as a "hysterical epidemic" and begin to understand the condition scientifically.⁹⁷

Now, research suggests one in five pregnant women experience PGP, or discomfort in the pelvic ring during pregnancy, childbirth and the immediate postpartum period.⁹⁸ What those books I had during pregnancy don't mention is that the symptoms are common, but are not normal and should be treated whenever they present, starting with physical therapy.⁹⁹ Among the women experiencing PGP, the European Guidelines suggest, 5 percent "have serious problems with pain and disability" and 7 percent still feel discomfort immediately after delivery.¹⁰⁰ All of them deserve care.

Jancis Shepherd, a British university lecturer in midwifery, wrote in May 2005 for the *British Journal of Midwifery* about nine women she studied who had Pelvic Girdle Pain in

pregnancy. She wrote: “Some widening of the (symphysis pubis) joint is regarded as ‘normal’ physiological effect of pregnancy, but where symptoms occur, dysfunction is evident.”¹⁰¹ Her study showed pain was the primary problem for each of the women, with emotions and lifestyle also challenged to varying degrees.

Much more recently, focus on Pelvic Girdle Pain and its prevalence has spurred even more research and a stress on early intervention.¹⁰² Several articles I find present the condition as a sort of freakish thing in a tone that feels like show and tell or look what I found. It’s difficult for me to read in sterile, clinical language about women who were treated with external fixation (imagine like a cage around the pelvis) and months of bed rest.¹⁰³

Doctor and researcher Leila Khorashadi and her colleagues explain that non-pregnant women have about half a millimeter of movement at their symphysis pubis, the non-synovial joint that connects the right and left superior pubic rami. Their work suggests a gap of 15 mm -- similar to the gap in my pelvis when I have surgery -- is “considered sub dislocation and is generally associated with pain, swelling and occasionally deformity.”¹⁰⁴

An overview presented in 2006 by The Royal College of Obstetricians and Gynaecologists¹⁰⁵ discusses “SPD” at length in pregnant women. The term “pelvic girdle pain” only appears in the references. It supports the definition of diastasis of the symphysis pubis as greater than 1 cm and suggests prevalence of DSP is one 800, among the British population and stresses the importance of specialized physical therapy in treatment and management.

A Nigerian case study¹⁰⁶ put forward that a gap of 2.5 cm (25 mm) or more could not possibly resolve with conservative treatment and surgery should be considered. Only one overview of pelvic girdle pain after pregnancy that I found, published in 2011, points out the need to rule out several other conditions before beginning treatment for PGP. Among them:

Osteomyelitis ossis pubis (septic arthritis¹⁰⁷), bone and joint infections, bone tumors, specific lower back pain syndromes and the rupture of the symphysis pubis (which would cause a separation qualifying as DSP).¹⁰⁸ Evidence even suggests¹⁰⁹ that the degree to which the pelvis is separated in cases of diastasis symphysis pubis may not correlate with the amount of pain expressed by the woman. That means the injury is mechanically severe, but also subjective. Every woman deserves to be treated as an individual. And treated swiftly.

The incidence of Pelvic Girdle Pain is on the rise in Britain in the last five years, according to a 2002 article, and midwives with understanding of the condition can prevent serious damage.¹¹⁰ In 2007, the same author studied pregnant women's experiences with treatment. "The most important aspect must be that all healthcare professionals are made aware of the condition and the effect that it can have on the lives of pregnant women. There can be no doubt that labeling the condition does help since this can validate the pain."¹¹¹

Could there have been a specific thing that caused this to happen?

An article¹¹² on an OB-related website comes up in a search I do looking for information on diastasis symphysis pubis. A woman in New York has won a multi-million dollar lawsuit judgement. It says she sustained DSP because of the McRoberts' Maneuver and required multiple surgeries.

McRoberts' Maneuver? This is new to me, so I look it up.

The maneuver was designed to alleviate the baby's shoulder dystocia. It changes pelvic inlet angles and is often enough to let the baby dislodge and make its way. "Hyperflexion of the woman's legs" is required in the maneuver and allows "rotation of the symphysis pubis sliding over the fetal shoulder." The study references reports that indicate "overly aggressive hyperflexion of the maternal legs might be associated with symphyseal separation."¹¹³

Another thing I find says the maneuver is a cause of DSP.¹¹⁴ Nothing in my records says this was used in my delivery but when I describe it to Jeremy he says it sounds like what was happening.

If force causes this to happen, how can time alone heal it? That just doesn't make sense to me. But there are several articles from the 1980s and 90s that indicate pelvic pain like I experienced "will subside naturally' within two months of delivery¹¹⁵ or three months in very extreme cases.¹¹⁶ Another study published in 2000¹¹⁷ says "mild cases typically resolve within two days to eight weeks of delivery." Others disagree, arguing as I am now, that this "serious and underdiagnosed problem that does not resolve in two months ... Long term follow up should be undertaken."¹¹⁸

One group of researchers stated, with no equivocation, pelvic girdle pain "is best managed with early intervention because it may last for more than three years if left untreated. Recovery can be achieved with appropriate assessment and treatment." The group further asserts that PGP "is poorly managed because of a lack of awareness of the condition among health care professionals. Women suffering from PGP are not receiving optimal care. Further, education of health care professionals is required locally. Care pathways must also be introduced and followed in order to reduce the physical and psychological morbidity associated with this condition, which has a high recurrence in future pregnancies."¹¹⁹

Maggie Wainwright, a practice development midwife at a British women's hospital, and others wrote diagnosis and treatment guidelines published in the *British Journal of Midwifery* in November 2003.¹²⁰ Because PGP can onset as early as six weeks, the first level of the protocol is getting information about pelvic girdle pain (then referred to as symphysis pubis dysfunction) in the hands of every pregnant woman at her first appointment. It requires any woman self-

reporting pain or discomfort in the pelvis, hips or back to be evaluated and if necessary referred to a physical therapist for an assessment. From there, depending on severity, she may receive advice or further referral to physical therapy, occupational therapy, orthopedic surgery, occupational therapy and equipment evaluation.

Ten years later, another publication from the UK¹²¹ includes diagnostic guidelines for pregnancy-related pelvic girdle pain. The abstract includes that it may onset with delivery. I cry when I realized I would have found it, if I had known enough to be looking. It references ruling out bone infections and tumors and other things and suggests a thorough medical history. It suggests the patient keeps a careful pain record and monitors what exacerbates pain. It mentions the need for x-rays, palpation and tests related to hip and leg motion in concert to “minimise false-negative results.”¹²² I only had the “radiological investigations.” I was not subjected to stork x-rays either. Standing on one leg long enough for an x-ray would have been impossible without tears. My surgeon explained that had he seen me before the x-rays and CT scan, he would have done them, but that the evidence was clear. The tests would hurt me. I only wished the evidence had existed right away!

Also in 2013, an article¹²³ outlines a five step approach to recognizing and managing Pregnancy-related Pelvic Girdle Pain. (The terms symphysis pubis dysfunction and pregnancy-related lumbopelvic pain (PPLP) are used in this article.) Step one makes me laugh and want to cry all at once: “Assessment of PLPP, including actively listening to the woman’s pain story: Site of pain, activity limitations, history of back pain prior to current pregnancy.”

How was it that my back pain in pregnancy was brushed off so quickly but I still felt so comfortable, supported and secure with my care team?

Some researchers adopt a “spectrum” approach to explaining all of the terms. Symphysis Pubis Dysfunction (or Pregnancy-related Pelvic Girdle Pain) is part of a continuum with no pelvic symptoms in pregnancy, delivery or postpartum on one end and diastasis of the symphysis pubis on the other.

I realize that most of the research specific to treatment of DSP and the type of treatment I received from the orthopedic surgeon comes from orthopedic and trauma-focused journals. Just as my surgeon implied when he talked to us about the open door fracture sustained by the motorcyclist. One article explains how a pelvic binder can result in “effective pelvic reduction”¹²⁴ but that it is unknown how long a binder can be safely worn without soft tissue damage. It suggests the fact I removed it at night was probably a good thing and I wonder about what the surgeon encountered with my “soft bones” since there was no osteoporosis present and he hadn’t seen in cases sooner after delivery. But I’m glad the binder may have pushed me back together and I visualize the intense pain of those first two weeks actually cinching me down to 13 mm.

I want to make copies of every article I find and mail them in a package to the birth center and every hospital I can think of. Everyone needs to know this stuff! I don’t do it, but I send a letter and a Christmas card, including a picture of me, Jeremy and the Little Guy in a park. I’m in the wheelchair with the Little Guy on my lap as Jeremy kneels beside us. We’re all smiling. I explain briefly what we had gone through and offered to talk with them, or any other women, and offered to bring the research. I have not heard from them since my 31st birthday. “There are other ways to enjoy each other” remains my last interaction with any of them.

Reading the list of symptoms and signs in a Journal of *Maternal-Fetal and Neonatal Medicine* I cry some more, when I realize had everyone been up on the latest research, the pain in my SI and my shuffle in late pregnancy should have spurred a physical therapy evaluation.¹²⁵

The European Guidelines on the Diagnosis and Treatment of Pelvic Girdle Pain, published in 2008¹²⁶ provides a list of diagnostic tests among its 50 pages of valuable information. The guidelines suggest there are risk factors for pelvic instability during or after pregnancy, including history of previous back pain, previous trauma to the pelvis and potentially, the pregnant woman's workload, particularly prolonged standing. Factors believed not to contribute to the onset of pelvic pain in pregnancy include time since the last pregnancy, the woman's height, weight, or whether she smoked or used pharmaceutical contraception.

The group that developed the European Guidelines determines:

“Pelvic girdle pain is a specific form of low back pain that can occur separately or in conjunction with [lower back pain] LBP; a new definition of PGP is recommended. ... PGP is related to non-optimal stability of the pelvic girdle joints. ...”

It becomes clear to me that I was one of the 20 percent of women who developed Pregnancy-related Pelvic Girdle Pain in pregnancy and because it was not diagnosed, care was not taken to keep my legs no more than hip width apart as we worked through delivery, which, in combination with my son's position with his hand on his cheek, gave my symphysis no alternative but to separate substantially.

I find the guidelines after my surgery and I'm relieved when I find they suggest it's best not to fuse the SI joints, but concerned that use of a pelvic belt is recommended only for short periods for symptom relief, not as a tool for closing the gap.

The plate and screws I received at my symphysis are neither recommended nor advised against. I presume its because the studies evaluated didn't focus on treatment like mine. I have to get a medical dictionary and anatomy atlas from the campus library in order to understand all of the terms, muscles and ligaments discussed, but getting through the guidelines gives me a renewed sense of being able to advocate for myself. Even if those who initially treated me don't understand what happened, I'm starting to.

I find more about the role of the *relaxin* hormone. One in particular is based on blood tests during pregnancy. It suggests women with pelvic pain are not overproducing.¹²⁷ In 1997, five researchers investigated a correlation between *relaxin* and pelvic pain, based on strictly defined criteria and clinical findings, rather than questionnaires common in previous studies. *Relaxin* is known to allow for loosening of ligaments during pregnancy. Normally, the hormone level rises early in pregnancy and is “relatively constant from week 24 of gestation onwards.” Based on blood tests, there was no significant difference in *relaxin* levels among any groups. The researchers conclude: “If *relaxin* plays any role in the natural history of pelvic pain in pregnancy, this is certainly not reflected in the circulating levels of this hormone.” Throughout their study, these researchers directly dispute an earlier study, cited in several of the journal articles I encountered, giving more credence to the notion care providers need to be on the same page about treatment and recommendations related to this condition.

Does this mean I could have safely continued to breastfeed? But I'm feeling so much less pain that I focus there instead.

Symphysiotomy keeps coming up as I read. I learn the removal of the symphysis during or just prior to labor was done, often without the consent of the woman, particularly in Ireland, to create more room for the baby's passage as an alternative to Cesarean. There is a major

reparations case in the news when my son is two. The articles I read say women had this procedure often without their consent. Because of the risks involved with repeat Cesarean, the medical professionals responsible for their care, apparently most often at Catholic hospitals, decided it was most important that the laboring mother be able to bear more children. I can't comprehend that the separation of my symphysis naturally actually had been inflicted on a woman in the name of God.

I look for questions related to injury and trauma in the *Listening to Mothers* survey series.¹²⁸ There are none, other than about episiotomy (endured by about 25 percent of respondents), which is considered an intervention rather than an injury by care providers. But the survey suggests there is much room for improvement of maternity care nationally. "Many survey results suggest large segments of this population are experiencing clearly inappropriate care that does not reflect best current evidence and standards, as well as experiencing other undesirable circumstances and adverse outcomes" the researchers concluded. "Concerns involving most survey participants likely impact millions of mothers or babies annually in the U.S."

I think a lot about why neither the midwives nor my GP who deferred to them shared with me everything they knew about SPD, PGP or DSP. They knew something or I wouldn't have been told to wear the binder.

My mom thinks they knew a lot more than they let on and were afraid. So does Jeremy's mom. They're angry that my care providers may have been trying to "cover their butts"¹²⁹ while I suffered.

Thinking about all of it doesn't change anything and only makes me sour. A few months before my son turns two -- the statute of limitations for malpractice in my state -- I call an attorney help line. I explain the situation briefly and the man says because I'm not permanently

disabled this is going to be a lot of stress on me and my family with likely not much result. He says their attorney's job would be to make me look like a liar. To attack my credibility. Jeremy and I talk about it at length and I talk with my counselor about it, too. I don't want to do something that could take the option of a birth center away from anyone. I don't want to hear anyone tell me I didn't do the right things. Jeremy says he'll support what I want, but that he's mad as hell. He worries the same thing could happen, or has happened, to other families there.¹³⁰

I'm not strong enough to pursue this. I'm trying to get the nightmares to stop, not cause them to get worse.

I do my best to put it out of mind and stay positive. I want to believe they really did do what they thought was right. I relish that my son is growing so much. He's talking so well and his personality shines through in everything he does. He's empathetic, caring and would rather be outside.

It's hard to know how different our course of action may have been if we knew all of this information about physical therapy and the importance of meaningful early intervention in those earliest weeks.

Much later I find a thesis that analyzes data from a large cohort study of women in the Netherlands: "The influence of psychosocial factors on pregnancy related pelvic symptoms."¹³¹ The entire work is dedicated to what I learned the hard way. The pain I felt was not in my head. The chapter on back pain during and after pregnancy finds the "most predictive risk factor for back pain in and after pregnancy is history of back pain. We found no clear association between psychosocial factors and the occurrence of back pain during and after pregnancy." Women who presented with back pain, however, were more likely to have "probable depression" compared to those without back pain. The report presents a "Pregnancy Mobility Index," designed as an

assessment of back pain specific for pregnant women, because assessments designed for the general population are not validated for pregnant women. Women who still have symptoms of pelvic girdle pain at three-months postpartum need extra attention “in particular,” the author says, related to their almost certain “depressive symptoms.”¹³²

I think again of my surgeon. How he told Jeremy it was lucky I was optimistic. How he said hurting can make anyone depressed.

Chapter 5

My first morning in the hospital after my pelvic reconstruction surgery I wake up early. I want to call all my favorite people before my guys get here. My best friend doesn't let on at the time, but she's really concerned when I tell her about the "soft bones" thing. She's worried whatever is causing this has been contributing to the pain and she wants to know what's happening.¹³³ My friend in Minneapolis is thrilled that I already can tell a difference. She's studying today but we're going to talk more soon. She's going to update some other friends for me.

My mom is glad to know everything has gone well. She's been standoffish with a lot of this and I'm looking forward to seeing her so we can talk in person. She's on her way tomorrow, a week earlier than we originally thought, and she'll be here almost all of September. She's excited to come. And I'm relieved she'll be there to help empty the potty I'm going to have to use. (She was an ICU nurse for years and lived her passion in the position.)

Jeremy's mom has tears in her voice. I know she's sorry she isn't here, but she's in the right place. Grandpa's doing OK. They're going to know more soon. My sister is glad to, and lets me know her foot is doing alright and she's got a boot for a few weeks. My friend in Iowa wants to know when she can come and visit. I can't think about that now.

A physical therapist is my first visitor. She shows me how to use a transfer board, a long, skinny plastic board that's basically a bridge between wherever I am and the wheelchair. I do this maneuver three times successfully, with very little help actually. But it was tiring. Because I can't let my pelvis bear weight, each time I transition from the bed to my wheelchair or the chair to the toilet I have to do it without putting my feet on the floor. I realize today that it is basically

an instinct to brace with your feet. For the first week or so it takes a lot of mental focus and physical strength to do this well.

There are six steps to the process:

1. Be sure the wheelchair's arm is removed and it is locked in place as close to the bed as possible. (I decide then to leave the arms off my chair when I'm home. It will make it easier to push myself, too.)
2. Position myself sitting at the edge of the bed.
3. Tilt myself to the right and nudge the transfer board under my bum.
4. Make sure the other end of the board is solidly on the chair.
5. Lift up with my arms, shifting myself toward the chair.
6. Remove the board once I'm securely in place.

The physical therapist put in an order for my wheelchair that we will rent, as well as for a transfer board and for a visit or two by a home health care nurse who can evaluate our place and make sure we have everything we need for me to be as independent as possible. (The home health thing never happens and we never check on it.)

I'm told that tomorrow I will learn to transfer to a commode and then they can remove my catheter. An occupational therapist will teach me how to get my pants down without using my legs. Right now I can't really imagine how that's going to work, but I know I will do it. Once I can do that then I will have met the requirements for discharge.

There are lots of people working on this soft bones thing. An endocrinologist comes to see me. He asks some questions and orders a blood test and a series of x-rays of my arms and legs. All I know so far is the softness of my bones caused my surgeon to use locking screws. It

will make my pelvis more rigid than he'd planned and there's a small chance the plate and screws will need to be removed in the distant future.

This is a curveball, but they're committed to figuring it out.¹³⁴

I spend one more night in the hospital and I don't leave my house for the first week after surgery. Other than going to the potty, which is awkwardly parked in the living room and necessitates us keeping the blinds on the picture window closed, I don't get out of bed. I'm reading mostly (two books in the first week) and chatting with my mom. She's helping me get into the chair when I need to go, emptying the potty, making lunch, doing all kinds of things. It feels almost surreal that she's taking care of me like this and I'm in bed. But I try to just enjoy it and not think too much about how often this scenario has been reversed. I wonder on the third day of this if she's having to take more pain medication, if she's pushing through like I did for all those months because somebody needed me.

It's a big week for us. On Friday morning, a week after surgery, as I transfer myself from my chair to the commode without any stabilizing help and without pinching the bottom of my leg, my mom said: "I'm proud of you." An hour later I hear her tell my cousin over the phone, "I'm really proud of her."

This means so much to me. As a kid, she told me she wished she could buy stock in me. I've always known she appreciated me, counted on me, knew I worked hard. Knew I could take care of myself. She didn't say "I'm proud of you" though. That was something my Dad said.

Growing up, I was "the weak one." I have no idea how that reputation really started -- at least in the eyes of my mom. But we've been talking about it this week. My mom said it was because of how I reacted when things happened. I wasn't sick very often so I was more

miserable, and when I was in pain I went over the edge. She used the example of the third time I broke my nose.

The way I remember it: I had stepped on a friend's foot and fallen to the side rather than falling on top of her. When the fall stopped, my face smacked into a cast iron chair. It was a blinding flash of pain. Then it hurt. But worse, it bled all over and streaked the carpet and I was upset about running my mom's carpet because I didn't want to be in trouble.

The way my mom remembers it: I hit the friend's head with my nose and went into hysterics.

She told me today that none of that in the past mattered. That I was stronger than her and my sister combined. That she was proud of me for getting up every day and doing what I have to do to get better. Later I learn that she was so standoffish in the period between my x-ray and my surgery because she was jealous in a way that my pain has clear answers and there's a plan to fix it.¹³⁵ It's complicated. But we're understanding each other much better these days.

After resting for most of the day on Labor Day, I get up and put on real clothes. It's such a nice day we decide to really try out the wheelchair. Jeremy has to pop the chair back in a wheelie to get me out of the house and down the curb before I can take over. We learn on this test run that this chair is old and worn out. The right wheel when I'm sitting is dangerously worn and I feel like the woman in the Seinfeld episode with no brakes on her chair. The company quickly brings a replacement and I'm back out in the sun pretty quickly.¹³⁶

The second Friday home I take my second sponge bath. There's company coming and I'm pretty greasy. I can't get to the shower upstairs so my mom uses her nursing training to help me master the seated sponge bath. We set up in the kitchen, so the water drips on the linoleum, not on the carpet like the other day. I wash my hair first, with a white foam cooler sitting in my

lap. Mom is standing behind me. I keep asking her if she is OK because there are lots of days when her standing for long periods is impossible. She tells me to hush and let her worry about her. She rinses away the shampoo and washes my back. I take over from there. The process takes 40 minutes. It's tedious. Annoying. I feel clean but not refreshed. There's a puddle on the floor and I need to get out of the chair so it can be dried. But it will work. My mom wipes down the chair and stands on a towel in the kitchen that she's using to wipe up the floor. I haven't seen her clean a floor in years.

I'm now free of medical tape residue and my wound-drain hole is healed enough not to need any bandage. My incision looks good, too. I'm glad the Zinc supplement seems to have helped. Mom and I decide not to worry with a bandage for the incision either. My pubic bone still looks swollen but I feel muscle sore, not bone sore. The difference is remarkable. To me, bone pain is a scary pain because it takes something serious to cause it and it feels that way. Muscle pain reminds me of a good work out, which makes me think "healthy." Obviously, cutting through my muscles and changing their position on my pubic bones was serious. And the pain proves it. But it needed to happen for me to get better. I'm going to focus on that "healthy" feeling.¹³⁷

We have a house full of people this weekend. My sister, her girls, and my friend from Iowa and her fiancé who helped us move are visiting. They like to come at the same time. I can't tell who they really want to see. They are exuberant and want to make my life easier. They want to help us settle in to the new apartment. They're asking me questions - it feels like hundreds of questions - about where things should go and I have no idea. I've never even been upstairs.

I'm anxious about not being able to answer their questions, not being able to help. They bring me cell phone pictures of the rooms so I can have a tour. They try to make me laugh. They

hang painted pictures on the closet door so I can see them from the bed, and they tape cards from all over the country, and from the University's volleyball team, on the door frame like it's Christmas. Each is a reminder that someone is thinking of me, pulling for me, and sending us good vibes. I'm so grateful. But I feel funny about it. No one sent me a get well card when I was broken. Now that I feel like I could run but a doctor won't let me, I've got more than 20 cards. Somehow it feels ironic.

I feel like the walls of this place, which everyone says is so much larger than our other place, are closing in on me. I can get into the kitchen and open the fridge, but I can't reach a cup or plate. I can't get my own water from the sink because I can't reach to turn the faucet off and on without leaning dangerously forward on my chair. I can't brush my teeth unless someone brings me a cup or bowl of water. I can't get my chair into the downstairs half bath at all. (I haven't looked in a mirror since surgery day.) I can't get outside on my own either. Someone has to wheelie me over the threshold.

Before my sister and the kids leave, we go for pizza at our favorite place. They have vegan cheese and whole wheat crust and it's so yummy! And we go to the park. My friend tells me she sees joy in my eyes at the park. But I notice something different about myself.

I'm usually the type to jump in. But at the park, when Jeremy puts the Little Guy into a baby swing for the first time, I stay on the sidewalk in the chair. I hesitate. Looking at the rubber chips I'm scared to venture forward. What if I tip over? They're having fun, watching my son's face fill with joy. And I'm here, scared to try.

My son's face, his joy, makes me wheel myself over the bits of old tire to get close enough to push his toes. He smiles at me and giggles at the motion he is feeling. We're both doing things today we've never done before.

Before she heads back to Iowa my friend helps me get things situated as I begin to work from home until my surgeon can clear me at next week's appointment. I'm frustrated with maneuvering the chair and adding a work surface has not made things easier. Sometimes the leg rests get caught on things, or the cat doesn't realize I have to pee as much as I actually do and decides not to get out of the way until I nearly run over his tail or toes. Sometimes I'm just sick of it because it sucks. This morning I screamed at the bed spread for getting caught on the chair.

It's my mom's birthday. When it's just Jeremy, the little guy, me and mom left in the house and I completely lose it. I scream and scream about the chair and how I finally feel well enough to do something and I'm trapped in here. How none of this is fair and on and on. She stands there, waiting calmly for me to finish the colorful outburst, for me to let out everything that needs to be. When I'm finished she says: "It's ok to scream. It's normal to scream," she said. "When you're comfortable with it you'll be done with it." I know she's right and I laugh about it. When I'm used to it, I won't need it anymore. How lucky I really am!

I start to fixate on how things are so different because being in a wheelchair makes me look like something is wrong. It doesn't look like healing. Why did my short steps strike people as normal but my wheeling myself around as fast as I can go sends a message of trouble? It's like those memes: "If Physical Diseases Were Treated Like Mental Illnesses" (Imagine someone bleeding from a severed hand and someone else telling them: "It's like you're not even trying!")¹³⁸ It makes me angry.

Another reason I'm upset is weaning. Breastfeeding my son was the one thing I felt like I was doing right for him when I hurt all the time. When he struggled to latch I kept at it and when he figured it out again I knew we were a team like no other I'd been part of. I fed him today for only about two minutes on each side. Every time I feed him I think about how this could be the

last time. I try to memorize the way his face looks, so content. The way he wraps his little fingers around the strap of my tank top. I wonder about our bond. Will all the time he spent sleeping on my chest somehow make up for everything I couldn't do?

In the third week after surgery, my staples are removed, and I learn I don't have osteoporosis or osteopenia. Back at the medical center, the endocrinologist explains that according to the scientific data of both my bone density scan and the x-rays of my arms and legs taken in the hospital the day after surgery, there is nothing abnormal about my bones at all. Everything is "cold normal" (Just like the liver samples in my favorite movie, *The Fugitive*, hearing the phrase makes me smile. I didn't realize that was something doctors really say.) My blood work shows that my vitamin D level is on the low end of the normal range, but no cause for concern. The endocrinologist agrees with my orthopedic surgeon that weaning is important. He's speculating that the bone softness likely is isolated at my pelvis. His best guess is it is caused by the pregnancy and breastfeeding related hormones that have a lot of work to do at the pelvis and are still active within my body. He says: "I'd say you don't need us anymore,"¹³⁹ and reminds me that the x-rays and bone scan I had done now may be an important baseline later in my life.

FINALLY, we got some good news! Jeremy and I leave the Med Center as happy as we have been in a long time. And, lucky for us, we have time to celebrate and enjoy a meal together before going back to real life.

Later in the week we head back to the Med Center to see my surgeon. He clears me to go back to work after I assure him my workspace will accommodate my needs. He says he's pleased with the x-rays and I'll likely be able to start physical therapy after my next appointment, in late October. That's a full three weeks earlier than I expected. Jeremy's reaction reminds me of the

difference in our approaches to life. When we first met with the surgeon in August we were told my time in the wheelchair would be eight to 12 weeks. Naturally, Jeremy assumed eight and I prepared myself for 12. So, when we got today's news of nine weeks, my reaction was elation, his was a matter of fact "I knew that would happen." The bonus good news: I can do physical therapy in our community. No need for extra travel.

We head to work after the appointment. It's my first afternoon back in the office. This is the first time we're having to mess with the wheelchair and the car in the rain, but it works out. Every day we seem to get a few firsts with the chair out of the way. Today, it's the rain and my first time in a public restroom since surgery. It takes longer. But I can do this.

I've named the chair Blue Sunshine and I've got a cushion thanks to my friend from Minneapolis. (She and her husband debated the best gift to get and chose wonderfully.) She's coming to visit next month and I can't wait!

Occasionally I ride an elevator on campus with a student who is in a wheelchair. We exchange pleasantries and, at least the first time we met, we seemed to review one another's equipment. His chair is different than mine, with angled wheels and tougher looking handles. It looks serious, harder to beat up. Permanent. He can probably tell mine is a rental. At least that it's temporary. I wonder if we were thinking the same thing: "What got you in there?" But neither of us asks nor volunteers.

I feel like an interloper with a tremendous disguise when I notice myself fidgeting with my Fall Risk bracelet. Am I trying to draw attention to the fact that this is temporary for me? Would a hospital looking bracelet be enough to signal that? The rest of the day I think off and on about that young man, about how I have taken so many things for granted in my lifetime. And

about how much better I feel. A few weeks and then physical therapy is an extremely small price to pay to be able to enjoy an entire day. To still be able to smile when it's time to go to bed.

My officemate asks every day how things are going and she really wants to know. The day after I tell her I can't look in a mirror before we leave the house in the morning there's one waiting for me -- and a handheld back massager ball, some chocolate and a card. Her encouragement helps me want to be at work every day. After a few weeks, when I realize how hard it is on my body to sit all the time, she helps me brainstorm and encourages me to take my plan of working from home on Wednesdays to my boss. My thinking is working laying down will let my muscles relax and help me get through the week better. She agrees. I work for three Wednesday's from home, and it helps a lot.

My spirits are kept up by phone calls and emails from friends. And by the surprise pen pal letters I've received from a woman I don't actually know. She's the sister of a friend of mine from the newspaper. She had a little boy around the time I did and she's reading my blog. Her notes are awesome. She tells me about her day, her little boy, her family's life and challenges in a hilariously honest way. It helps me remember that some of the challenges we're facing would be there injury and wheelchair or not. Every time one of her letters comes it feels like my birthday. She gave me something I didn't even know I needed and I will be forever grateful.

Weaning my son has been the first of the letting go I will have to do as a mom. At first it was sleeping through the night, rather than waking up to pump. Then it was one fewer feeding in the day. Before long, it was just once a day for just a few minutes, every few days for a few minutes. And by the beginning of October it's over and the little guy is nearly done with the frozen milk. I try to stay focused on his need for a healthy mommy. And I remind myself that I'm not any less a mom because I'm no longer lactating.

The board I sit on is meeting in DC soon and Jeremy and I agree that because the surgeon doesn't have a problem with it, I'll go by myself. I try to think of it as a bonus that I won't have to pump throughout the trip. A friend will pick me up from the airport and make sure I'm OK before leaving me in the hotel room – accessible; with a shower seat! Both days I'm there I take a shower twice a day because it feels so wonderful and I condition my hair for the first time since August. The whole time I feel like Wonder Woman. Unstoppable. Completely bad ass. I can do this. *I am* doing this!

I talk to my best friend on the phone. I can hear how excited she is for me. She's relieved that I'm having a chance to regain some independence.¹⁴⁰ I am, too.

Airplane travel in a wheelchair teaches me several things. The reason people in wheelchairs have a special security line is (at least in part) because the security screening process takes more than 20 minutes even if you have no specialized equipment. Because I am unable to stand, a female TSA agent has to be brought over to pat me down. They wear gloves, pat down outstretched arms, across the back, inside the waistband, down the front, the legs and feet. They pull away my cushions so they can be scanned, then put them back in place as I held myself up with my arms.

Getting on the plane takes some doing. Someone pushes me in my chair down the jet bridge, just before the door to the plane. Then a special chair, thin enough to make it down the aisle, is parked next to mine and I transfer from one to the other. Straps are secured over my torso and legs before I am wheeled down the aisle to my seat. The process reminds me of a roller coaster ride. I am all harnessed in and when they tilt me back to make the transition onto the plane it was like the click-click-click-click climb up the coaster. (The power of positivity!)

The only real problem I have the whole trip is that I left my transfer board, the plastic thing I use to get from Seat A to Seat B, in an airport bathroom in Detroit. Turns out, my arms have gotten so much stronger I didn't even need it. But looking for it because I thought I did was stressful.

Being the first one on the plane may sound good. But in the case of a wheelchair, it means you're the last one off, too. Ever had a connection to make and not been able to get up to get to the next flight? On the way home I had a tight connection and took off in my chair -- even using the moving sidewalks since there was no one else on them. I got going fast enough my hair was moving. I felt free. And even proud when I got to the gate with time to spare. That time, a plane full of people watched me get on and into my seat. I'd never seen it before as a passenger and I hoped somebody learned something.

When I get home we start planning costumes for our son's first Halloween around my wheelchair. Jeremy and I will be firefighters (the chair's an engine) and the Little Guy will be our Dalmatian puppy. We assume I'll have to spend the holiday in the chair and plan to make the best of it.

My friend from Minneapolis is on her way to see me and meet my son. I'm thrilled that she's coming because I know she's coming to see me. To her, even meeting the Little Guy is the bonus and I relish that. We've emailed consistently, but I haven't seen her since her wedding, the weekend before I learned my baby would be my son.

We spend our Saturday afternoon downtown. We make sun catchers at a glass studio, meet the owner and visit like the old days when we worked for the same newspaper. Then we head to the cafe upstairs and eat an amazing African peanut stew, just talking for hours.

I'm so glad she's here because she's such a wonderful friend. She never says "I know how you feel." She asks thoughtful questions and always helps me harness what I'm trying to process and uncover thoughts and emotions to allow breakthrough. She's never talked to me like I'm fragile. I am so happy to have her here to help push me along the last bit of this road. And the bonus, my son made a few friend. She makes him giggle as we sing and he plays with her necklace. She rocks him to sleep and put him to bed before we talked some more.

She tells me later that it's only during that visit that she really "gets it."

"I didn't realize you were struggling the way you were. I remember you telling me things that were hard. How sometimes at night you didn't want to see (the Little Guy) for a while. And responded like you were just a normal mother who was overwhelmed with a new baby and needed a break. I just didn't get it. When you told me how bad things had gotten and you had finally been diagnosed, I was horrified. I couldn't believe the pain you had been in, what you had been living with. I was lying down in my apartment and I remember sitting up when you told me. All of the sudden I was processing things and understanding more what the situation had been."

It was while she was visiting, she tells me later, that "it was finally clicking for me the way you had been forced to the sidelines in certain ways and the loss of autonomy you had. I remember imagining myself using a commode in the living room and having (my husband or my mom) empty it, and I couldn't imagine it. And then with (the Little Guy), I truly realized how much Jeremy was in charge. When we packed his diaper bag to go to dinner, you forgot some things and when Jeremy pointed it out you just kind of shrugged. It seemed like you had been forced to take on a different role than you would have if you had the mobility and pain-free life most mothers expect to have. And you just seemed to have adopted a kind of quiet peace with that.

“I think that was the moment when I finally started to understand what it might have been like to live with that pain, to try to handle your new baby and everything else about life at the same time.”¹⁴¹ She heads back to Minneapolis and law school and we know we are both different people. I know she understands me in a deeper way now. I know my best friend and Jeremy and his parents get it, too. But not everyone does. I guess it’s possible that not everyone can.

It’s just a few days later, Thursday, October 25, 2012, when I stand and hug Jeremy for the first time since surgery. What joy! What I wasn’t prepared for was the head rush. It really did feel like my center of gravity had moved and the act of standing jolted it back into place.

We wake up early for the appointment and make it with enough time for my palms to get sweaty before the nurse calls my name. I was scared last night about what might happen and this morning I felt like I had a huge test and couldn’t study.

We learn, instead, that I have been studying every day for the last 62 days. My surgeon says that today’s x-rays look “perfect.” Both my back (right side SI joint) and my pubic symphysis look great, he said. The x-rays make him confident enough to let me stand and see how it feels.

“Do you want to stand?” he asked. “Have you already tried it?”

What? “No, I haven’t tried it! Why would I do that? You told me I would only get as better as I listened to you.” Jeremy adds: “She’s a good listener.”

We were both floored by the idea that people try things at home before they know they are ready. To me, this reaction isn’t a reflection of my Type A personality. It’s a focus on getting better and a realization that the orthopedic surgeon knows a hell of a lot more about this stuff than I do. Besides, before surgery I’d found a journal article¹⁴² that explained how the plating

worked and had x-ray images of “implant failure”¹⁴³ resulting in one case in a punctured bladder. I was eager to stand, move and feel good. It wasn’t worth the risk.

The big moment has arrived. I’m giddy. My surgeon and Jeremy are sitting next to each other and I’m facing them. They each hold out an arm in case I need it and the surgeon gives me a warning about feeling light-headed. The first time, I feel a head rush as I lift with my arms and I stop to regroup. Then -- I’m up. I stand for maybe 10 seconds and don’t move. My center of gravity finds itself and I start to relax. This is amazing. My back feels great -- how wonderful to be standing straight, stretched out. And there is no pain in my pelvis. I feel no pain.

While I’m celebrating the achievement of being able to stand pain free, my best friend from North Dakota and her husband are at Mayo Clinic in Rochester. Her cancer is back. They’re treating it aggressively and she’s going to be away from her girls for a long time. Jeremy and I are looking at the calendar, trying to figure out when the sports schedules will allow us to visit them.

Physical therapy is next, twice a week for four to six weeks at a local clinic recommended to me by one of the coaches at the university. My first appointment is in the morning after that first real hug. That night, before Jeremy heads back to work (It’s volleyball season for him now. He’s got game notes to finish), he helps me move to the recliner. I sit, snuggling my son, until it is time for bed.

Physical therapy is not the same as going to the gym. There is no one to beat. I don’t even feel guilty for not breaking a sweat. And my physical therapist is a counselor, cheerleader, and doctor all at once. At our appointment this morning, [Jeremy has been through everything. It’s his, too.] we tell her our story. How I ended up with diastasis symphysis pubis, the time between

that day and surgery and the biggest challenges along the way were all laid out for her. And it sounded crazy. Even to us. We are relieved it is in the past.

In a bit less than an hour, she stretches my legs and we get into details about the pain in my right SI joint. Then, one of the stretches she does on my right leg shifts things. I feel it pop and then relief. And this time the relief lasts several days. She explains that the muscles that stabilize the SI will be a focus of our work over the next eight weeks -- she's already requested extra time so I can leave feeling confident about playing on the floor with my son. My legs have gotten weak from atrophy. So have my abdominals. All of them. And that means the joint that connects my right leg to my spine -- my right SI -- is weak, too. If it stays that way, I will never feel as strong and capable as I did.

The physical therapist really listens when Jeremy and I talk about what we want out of therapy -- need really. To be able to hike, camp, even be physically able to run. She says she thinks I'll do well and has me practice several exercises, making sure Jeremy and I both understand the proper technique and purpose of each. She checks out my shiny blue walker, puts me in a gait belt and says "We're gonna get you standing."

As Jeremy records video with his cellphone, she's holding with both hands the canvas belt that's around my waist. She's making sure I don't fall. But I'm doing the work of moving the walker and taking small steps. I move toward the door and back to our bay. I sit again for a minute, waiting for printed exercise instructions. Then, I walk to the door. All the way to the door. Jeremy is smiling as much as I am.

What an incredible feeling! Back on my feet, but timid, relearning what it feels like to stand. Telling my legs to move is a strange feeling. While standing or on the table stretching, it feels foreign to have to tell my legs to move. I was learning something again that I thought I

already knew. Eight hours after that appointment I'm feeling great. At home, as long as I have my walker and someone with me, I can start walking some. I should stand several times a day, and wait at least 10 seconds to know I have my legs under me before I start moving. Soon, the twice daily blood-thinner shots will be behind me, too. My belly is a mess of bruises and even after weeks of practice, I don't feel used to sticking myself. I can't wait to work on stairs. Then I'll be able to take a shower, move out of the living room into our bedroom upstairs and finish unpacking our apartment.

On Halloween I decide to do something I haven't done in more than nine weeks. I'm getting strong enough with the walker that I join Jeremy and the Little Guy in the daycare this morning for drop-off. The Little Guy is dressed as the Dalmatian puppy and I'm wearing the firefighter costume. It's part of the fun of working on a college campus. There will be a contest this afternoon and we're all encouraged to participate. My son's teachers are thrilled to see me. I haven't seen them since August 23! They tell me my hair is getting long, that they're so happy I'm doing well. And that they're glad they'll be able to tell me the stuff Jeremy can never seem to remember. It's great to see them, too. It helps me feel like things are getting back to normal. At work, my coworker who always checks in is thrilled to see me standing. So encouraging. She tells me I'm amazing and I allow myself to believe her.

A few days later, the first weekend in November, we head for Rochester, Minnesota, so I can see my best friend. Seeing her is just what I need. Being able to look in her eyes fills me with a sense of peace. I know with every bit of myself that she will beat this, go home and watch her daughters become women. But that actually isn't the best part.

The best is giving her the same feeling. She reads my blog often, but we haven't talked much in the last few weeks. She knows I've started physical therapy. But I'm going to surprise her and walk into her hospital room without the walker.

Standing upright, steady and strong I walk in with a normal stride. She says I had the biggest smile she'd ever seen.¹⁴⁴ We cry happy tears together and we know we both healed a little in that moment. She's in remission but staying for a while longer for constant checkups. But she'll be able to spend the holidays and both of her daughter's birthdays at home before coming back for a stem cell transplant in January. This is great news. And a plan. It feels better to know what's coming.¹⁴⁵

We get home and I'm feeling the effects of taking two days off from my new exercises. I'm making great progress at physical therapy. But in the second week of November my right SI joint has flared up again. At physical therapy today my therapist uses ultrasound heat and massage. It helps with the discomfort and reminds me how important it is to keep my muscles strong and engaged.

Now that I can stand and walk in the house without even a walker, it is hard to remember I'm not ready for *anything*. I learned that lesson as we head out for a weekend adventure.

I really want to see the university's volleyball match on Saturday. It's the No. 4 team in the country vs. our team, ranked No. 3. The plan: If I can get the Little Guy down the curb and into his seat by myself I'll practice driving.

I pick him up as he stands on the floor, carry him out the door and down the curb without incident. It takes me about twice as long as it would have taken Jeremy but he watches patiently. It doesn't hurt and I felt steady. I put the Little Guy in the car-seat and start working to buckle

him. Soon it's clear this isn't going to work. Bending over the seat is too much. My back is screaming at me to stop.

"I need help," I tell Jeremy, serious but not panicked. I say it three times before he gets out of the car. It was frustrating for both of us. He knew I wanted to be able to do it. He was trying to give me time to try harder. But I gave it all I had and couldn't do it. We had a good cry (well, he didn't cry, but I knew he felt the same as I did) and decided to move forward.

I climb the stairs rather than practice driving. So, on Wednesday night, when it was time for bed, I just did it. Right foot up, then left to the same stair. Left foot up, then right. And I was there before I knew it, at the top of the stairs. For the first time in our new apartment. Was an incredible feeling. Steps without pain hasn't happened since January. Steps without discomfort was probably early December last year. Now, I can go everywhere in our house. I can take a shower. A real, honest-to-goodness shower. No more camping baths in the house for this girl!

At the advice of my physical therapist, I make a list of everything I can do now that I couldn't do when I started therapy. It's to remind me how long the list is, so I can be inspired to make it grow even when my back hurts. As of Nov. 8 I can:

- Pick up my son from the floor
- Give my husband a proper hug while standing and supporting all of my own weight.
- Sit with my son on the floor
- Crawl as I push a toy for my son
- Carry my son from one room to another or walk with him to soothe him
- Take my son from the house to the car and putting him in his car seat. (I can't quite buckle his seat yet.)

- Rinse my son's cloth diapers. I can hunch long enough for two or three diapers.
- Step over something on the floor without worrying about toppling over.
- Stand with my feet slightly more than shoulder-width apart
- Stand long enough to take a shower
- Stand from a sitting position without using my arms.
- Sit from a standing position without using my arms.
- Walk up and down stairs in our apartment
- Walk from the living room to the kitchen and back without having to mentally gear up first.
- Walk backward
- Walk into my son's daycare classroom and talk with his teachers
- Get myself a glass of water
- Get a bottle or can off the shelf
- Start laundry, move laundry to the dryer, move laundry to a place to be folded, putting folded laundry away. (I could always fold it)
- Vacuum
- Pick up and put away toys
- Actually looking forward to completing a chore¹⁴⁶

The enormity of the list makes me happy and sad. It's amazing to see on paper how far I have come. But it's hard to face that for all that time I couldn't even get myself a glass of water. That amount of dependence has changed me. I don't have the same confidence I used to. But remembering how far I've come, I hope, will help me rebuild it.

I practice carrying things up the stairs every night that week and Saturday I spend the day home alone with the little guy. He giggles as I zoom the vacuum around the living room nabbing his renegade Cheerios and the winter-is-coming cat hair. I wonder if he's fascinated by just the TV or Wolf Blitzer's beard as he eats some peas, carrots and green beans as I listen to political news. We nap together on the floor, play with his toys — on the floor! — practice standing while holding my fingers, then holding the chair. It's a weird feeling to be impressed with myself. When it's time for another nap, I carry him upstairs, place him in his crib and stand at its side, amazed. I walk to my bedroom in a sort of shock. Sitting on the side of the bed I cry tears of joy for probably five minutes.

I had never put my son in his crib in this house. I'd never done it without pain before — ever.

I stay busy during his nap and when it is time to go downstairs he giggles and stares at me as I take the steps one leg at a time. I wonder if he really does realize this is all new. All different. Better! It recharges me. Helps me feel better than I have in a few weeks. I got down on myself for a while just before my mom left. I started to feel angry about what we missed out on in those early days. Jealous of families we saw who, to me, appeared perfect. (Did my mom feel that way when she missed a volleyball game or a powwow, or my baby shower because she stayed home?)

It's as though the better I get the more I realize how bad the situation really was.

Now, I know what's going on and I feel a sense of empowerment. If I feel my hip catch or my back start to hurt, I know to stop what I'm doing, stretch and pay attention to my posture. It's great to feel in charge of that. Once the muscles regain strength, they will hold everything in place and the joint won't slip anymore. I explain to a friend that it feels like when you need to

crack a knuckle because your finger feels stuck. But it's intensified because the joint is so much bigger. I'm learning so much about my body, and remembering more often to stop and listen when it's telling me something. I'm working out the kinks in my body a bit at a time.¹⁴⁷

It's nearly Thanksgiving when I stride into physical therapy, not even thinking of my pelvis. Strolling with wide steps, arms swaying, I realize someone who saw me today wouldn't even know why I need physical therapy. I'm working to get stronger every day. I am thankful for my physical therapist. She knows her stuff and is so easy to talk to. At our first appointment she said she would push me if I was honest with her about how things felt. We've talked about whether pelvic therapy during pregnancy is a common thing. There are specialists, even in our community. I promise to email her a journal article I've found so she can share it, just in case.¹⁴⁸

Today, she challenges me. Although I feel a little stiff I don't feel hurt or injured in any way. After stretching my legs and talking through and modifying one exercise that was causing a pull on my left side of the symphysis pubis, she leads me through a series of exercises. Standing on one leg I use a machine to push backward with the other leg. I know it was more resistance than last time, but I don't know what weight. I complete at least 10 leg extensions with each leg. It's work because of the resistance but feels great to be doing it at all.

With a green resistance band loop around my ankles, I take large, wide steps the length of the room and back. This is exciting because last week I used a yellow band and took much smaller steps.

With the same resistance band on I walk sideways, in a round dance motion of stepping with one foot and bringing the other foot to match it. This happens in both directions.

She brings out the blue foam mat that is hard to balance on and dares me to stand on it on one leg. This is a first. And it is tough.

Next is the drill we've done the last few times where I stand on one leg and we play catch with a two-pound medicine ball as she walks around me in a half circle.

Then she takes that one up a notch. I stand on one leg and throw a smaller ball of the same weight at a trampoline. As it bounces back I catch it and toss it again. I don't count, but I do this several times on each leg.

Then it gets harder. Standing perpendicular to the trampoline and throw the ball across my body, catch and repeat.¹⁴⁹

These balance exercises are tough for me. My balance wasn't the greatest before all of this. But every success at therapy makes me want to do more work at home. I use the Wii Fit games to focus on balance, in addition to my other exercises because I can feel the difference it is making. These exercises feel like a metaphor for the thin line between joy and sorrow, overflowing love and shattering pain.

The birth of my son and the separation of my pelvis will be forever linked. The experience was instantaneously the best and worst thing to happen to me. I'm sure in some ways I will always carry that in my head and wonder, just a little, how things might have gone differently.

If I had not separated my pelvis, would my son have stayed "stuck" and suffered injury or worse?

If I had gotten an x-ray sooner, would we be hiking now?

Was I too stubborn in the early days?

But at the same time I know that things have worked out for us in many ways.

My son breastfed for his first nearly eight months. That would not have been possible if I had surgery earlier.

The one birth experience my husband and I will share occurred in an environment we chose, felt confident in and would recommend to anyone.

Our marriage and our friendship have grown even stronger than I knew was possible because we have been pushed and pulled in all sorts of ways.

Finding balance was something my Dad and many others in my “village” as a child talked about often. To him — and because of him, to me — balance doesn’t simply mean time for work and time for play. It means finding peace within yourself and keeping it. It means recognizing that there can’t be happiness without sadness, laughter without tears or dirt without rain.

Nothing brings home that message for me more than the experience of giving birth to my son and separating my pelvis. I believe it is because of those lessons that I have never blamed my son, or anyone else involved in his delivery, for what happened. I get angry. But I believe somehow that everyone was doing their best.

For some reason, standing perpendicular to that trampoline on one foot, tossing that two-pound ball and fighting like hell to stay balanced helps me see how far I have come. Yes, there have been dark days, tears and screams. But in the four weeks since I started physical therapy I have gone from not being able to use my legs, to needing four legs – if you count the walker -- to my two legs, to being able to stand, catch a ball and throw it again all on one leg. It is liberating! And it is a reminder that every day is part of my journey in this life and every day requires balance.¹⁵⁰

It’s early December when Jeremy and I see the surgeon again. We’re waiting in the room when he comes in with an ER resident, probably my age or younger. He tells her, “You’ll like this case” and explains what happened, how I walked when I first met him, what he did to put me

back together, and showed her the before and after x-rays. As he talks I think about what it means to be medically “interesting.” It’s not as excellent as it sounds.

Then he asks me: “So, how are you doing?”¹⁵¹

I’ve been planning a surprise, with the support of my physical therapist, and I’m ready. It will be a surprise for Jeremy, too. I don’t say a word. With my husband sitting next to me I stand up from the chair (no hands) and jump from both feet straight in the air, like a jump shot without the ball.

Their expressions are incredible! And with that, the surgeon who put me back together says: “I’m here if you need me, but I don’t think you will.”

I’ll finish the last two weeks of physical therapy and that’s that.

“You’re good to go,” he says.

What an amazing thing he did for me and my family. I remember the awe I felt when he said at our first meeting “I can fix you.” I remember thinking that’s why people become doctors. And I bet I was wrong. I bet “You’re good to go” is why people become doctors, nurses, physical therapists and the myriad other professions that help people get from their worst to their best.

A few days later in physical therapy I ride the elliptical for seven minutes. I imagine hitting 30. Imagine starting to run again. Forward.¹⁵²

But things are getting tougher emotionally. I’m having bad dreams -- about the stairs at our old apartment going on forever. Another bad dream is a crowd -- everyone from the birth center, my GP and the co-workers I know thought I was exaggerating -- in a room laughing. I’m there and I know they are laughing at me, but I can’t get away. I feel like Carrie must have in the locker room. It’s awful. I have to go to work and see some of those people.

It's gotten bad enough that I've asked the director of the student counseling center for ideas. I'm stressed, which makes Jeremy stressed, which makes us not have any fun together and get more stressed. Tonight, Jeremy had an idea that brought us both back to the present. We played Rummy. Just to 500 and just for fun. But it was something completely different from the everyday routine. And it was just what I needed.

This process has pushed and pulled us to what feels like the ends of the Earth. I'm not the best communicator when I'm stressed or sad. I clam up and shut down. When he's stressed, he just goes along like nothing is happening until all the sudden he's smacking his keyboard or kicking a pillow. Then it's back to his uber-mellow exterior. He has yet to admit that he's under a lot of pressure because of my injury, surgery or recovery. Neither my way nor his is perfect, for sure.

Today, though, he was a genius. He noticed I was clammed up so he suggested we play (He got to 500 in six hands). It took me until after our son was asleep to tell him what was going on. I used my lunch break today to research therapists in our area who are certified in the method recommended to me last week. According to a registry of therapists I found, there are six of them in our community. Based on their self-written profiles on that registry, I think there are two I am likely to mesh well with. Now I'm waiting for a call back and waiting makes me anxious.¹⁵³

Four days before the Little Guy's first Christmas is my final physical therapy appointment. The last appointment for anything related to my pelvis. Physically, I'm completely treated now. I've rebuilt strength, stability, stamina and stride that I lost.

But today I feel yucky. We've just had our first snowfall and the atmospheric pressure changed really fast. I'm freaked out by this feeling. It doesn't feel like I've overdone it. It feels like I have the flu in my pelvis. It isn't the same burning, stinging feeling I had before surgery at

all. It's more like the ache I used to get in my knees when I'd go out dancing with friends and then wake up too early the next morning. I am relieved to be able to talk about it with the physical therapist. Grateful this happened before I'm completely on my own.

She does her thing. She explains in her super-calm, reassuring way that I'm going to be a human barometer now. "You'll know something's coming way before the weatherman," she says. I'd heard that before but I think I figured it was fake. She said she thought the same until she started working with clients and noticed it really happening to people. Especially people with metal. She said I will feel it more this winter than I will next winter but it will always be there some. The change in pressure causes inflammation, so that feeling is similar to arthritis. Heat can help it. And everything else I've been doing to manage inflammation -- golden milk, lots of beets and only whole grains. Our vegan diet has a lot of benefits this way. I haven't had a migraine since May either.

Before the end of that last appointment, I got to ask my final questions. What should I do to get ready for our first real hike? What makes sense as far as distance early on? When can I wear pretty shoes? What should I watch for when I start that yoga class in January? She has answers for all of them. I knew she would. I head for the parking lot feeling overwhelmed with the liberation of leaving it all behind us.¹⁵⁴

Chapter 6

Physical therapy gives me the chance to come up for air. As Christmas nears I'm feeling the emotional equivalent of the giant deep breath I took when I finally emerged on the surface of the Holiday Inn pool at that birthday party when I was eight. A breath so deep it almost hurts your chest. I don't remember what I asked for that Christmas. I have all I want being free of the wheelchair and walker.

But I know I need help. Things aren't right for me. I need to unpack all of the new baggage this experience has left with me and figure out how to better manage my emotions. I'm having extreme reactions to pretty normal things, snapping at Jeremy because he's the one standing there, having trouble concentrating and not being able to remember a lot of things between my son's birth and surgery day. What I do remember is foggy, like I dreamed it.

I visit the student counseling center on campus for advice and am encouraged to research Eye Movement Desensitization and Reprocessing Therapy (EMDR), a specialized treatment that may be able to help me untangle my feelings. Untangle the fact the best thing and the worst thing ever to happen to me occurred together. The joy of bringing my son into the world, seeing his face for the first time, was only possible because I split in two. I'm stuck in a position of celebrating and mourning the same event.

I find a therapist in our community trained in EMDR and we connect well.

EMDR is an evidence-based therapy, created by Francine Shapiro in the late 1980s. Specific training is required in order to administer the therapy and there is debate about its effectiveness within the psychology community. The premise is that "the brain's information processing system naturally moves toward mental health. If the system is blocked or imbalanced

by the impact of a disturbing event, the emotional wound festers and can cause intense suffering. Once the block is removed, healing resumes,” says the EMDR Institute, Inc.¹⁵⁵ The eight-phase treatment uses bilateral stimulation as the patient talks about a memory. The premise is the mind can reprocess that memory and heal itself. I don’t research it very much before I look for someone who can help me. *Psychology Today*’s “Find a Therapist” directory includes EMDR as a treatment orientation search criteria and includes more than 100 results in my state. I figure if *Psychology Today* and the counseling services office on campus mention it, I’ll try it.

Most of my first visit with the counselor is an assessment. Listening to myself say some of that stuff out loud is really jarring. Some of the things she asks me I haven’t even thought about.

Do you feel like you’re outside of your body, watching yourself?

Yes, that happens a lot now when I get really tense.

Do you think your lack of concentration is hurting your job performance?

Yes. I am not as productive because I can’t stay on a task and finish in one sitting like before.

Are your mood swings mild, moderate or severe?

Jeremy definitely would say they are severe. I try to be cheerful during the day. At home I’m exhausted and it all comes out. It’s not fair to him, to my son or to me. Jeremy has had to put up with a lot in the last 11 months.

There are dozens of questions like that. And each time, I listen to myself say something is wrong. But this time, someone is ready and prepared to do something to help me.

The counselor says: “I don’t know how you did that. I don’t know how you coped as well as you did for as long as you did.”¹⁵⁶ I’m coming to realize that I don’t either. But somehow it is

comforting to hear her say that. It's validating to hear her say everything I've been through, that my family's been through, is a big deal. Just like when we met the surgeon for the first time and he said he would expect what he saw in my X-ray to hurt – a lot!

I was not being a wimp. I was not over-reacting.

I was broken.

Now, most of the time I don't hurt at all. There still are times I forget and do something stupid — like trying to twist while holding a 30 lbs box of cat litter this weekend (STUPID!) — but for the most part I don't feel *pain* anymore. Now, I am just out of whack.

The conversation leads the counselor to dig deeper into my life. She agrees that survival mode is a pattern for me. I did the same thing when I was barely 16 and a flood devastated the entire community. (It was national news when our town flooded and the downtown caught fire. North Dakota almost never makes the national news for the good stuff.) Survival mode has been my M.O. at least two other times related to traumatic experiences. Each time, my mind has closed around things to protect me and I don't realize it was happening until I have the chance to come up for air.

I try my best to explain to her what I wrote last week. How I feel as though the levy that was keeping all of the emotions of this experience at bay has broken. Things are spilling out of me, creeping up on me, completely freaking me out at the strangest times.

At a holiday party with co-workers last week, for example, several people offered congratulations to me with comments about how I'm "getting around so much better." Instead of filling my heart with joy as I expected, each comment made me sadder — somehow pulling me back into the reality of how much it hurt for so long. Did I even comprehend while it was happening how much it hurt? Why couldn't I savor the evening out -- at a party! -- with my

family? Why couldn't I enjoy how much my son's face lights up at the sight of the Christmas tree?

Christmas Eve is the big night of holiday tradition for Jeremy's family. His mom hosts the event and her siblings and as many of their kids as can make it fill the house for a night of joy, laughter, presents and the annual family appetizer contest. It's the first time I've seen most of them since Grandpa's funeral in October, when I was still in the wheelchair.

I'm thrilled to be there without the walker or anything. I'm wearing black dress pants, a cranberry long sleeve shirt under a deep teal cardigan. I can't help but smile at the thought I feel like my former self and I'm about to watch my nearly one-year-old open his first holiday gifts. I'm full of joy. Everyone seems to be.

A few hours later, after everyone has left, when my son is in bed and it's time to head there myself, I check my email. There's a lengthy message from my friend in Iowa. She reads a lot of blogs about pregnancy and childbirth. Included in the email is a link to an article: "Pelvises I have Known and Loved." My friend writes: "It's fascinating, and I'm interested to hear what you think. The shoe size/pelvis size thing cracked me up."¹⁵⁷

The article, originally published in 1999, is written by midwife Gloria Lemay, who practiced in Canada for years before the article was published. This is how the piece opens: "What if there were no pelvis? What if it were as insignificant to how a child is born as how big the nose is on the mother's face? After twenty years of watching birth, this is what I have come to."

Gee, thanks. What Lemay had "come to" took one sentence to render insignificant everything that happened to my body, and its impact on my family.

She goes on to talk about how the pelvises of women having babies today — at least until hospital intervention became more common and the c-section rate began to balloon about 45 years ago now — are the product of evolution. In essence, their pelvises got here because women with pelvises insufficient for childbirth were weeded out.

I guess I should feel lucky to be alive right now. That feels awfully dramatic, but maybe it's true. Why did I never think before about whether there was a history of childbirth related pelvic issues in my family? Oh, wait, because someone would have mentioned it by now. Right?

She writes about doctors having to give women and their husbands reasons for the “emergency” C-section she just had – and an insufficient pelvis, she says, is a big one. She talks a bit about electronic fetal monitoring and its use – and then declining use because of the legal system. While it feels like a tangent, I understand why it is there. Let's get back to the pelvises.

She does, with a flashback to her early midwifery days. She discusses workshops on how to measure a woman's pelvis to determine if she will be capable of delivering naturally. She makes the point that if these measurements are done too early the hormone *relaxin* won't be accounted for. Then she says: "One of the midwife “tricks” that we were taught was to ask the mother's shoe size. If the mother wore size five or more shoes, the theory went that her pelvis would be ample. Well, 98 percent of women take over size five shoes so this was a good theory that gave me confidence in women's bodies for a number of years."¹⁵⁸

Really? The column says Lemay works in Canada. I had in my head that the journal was published in the UK (It's not). It isn't mentioned in the article which shoe size scale she's talking about. So the first thing I do is look up what my 6.5 American shoe converts to. Canada uses the same scale as we do in the US. But in the UK my 6.5 is a 4.

OK, calm down. Keep reading.

"Then I had a client who came to me at eight months pregnant seeking a home water birth. She had, up till that time, been under the care of a hospital nurse-midwifery practise. She was Greek and loved doing gymnastics. Her eighteen-year-old body glowed with good health, and I felt lucky to have her in my practise until I asked the shoe size question. She took size two shoes. She had to buy her shoes in Chinatown to get them small enough — oh dear. I thought briefly of refreshing my rusting pelvimetry skills, but then I reconsidered. I would not lay this small pelvis trip on her. I would be vigilant at her birth and act if the birth seemed obstructed in an unusual way, but I would not make it a self-fulfilling prophecy. She gave birth to a seven-pound girl and only pushed about twelve times. She gave birth in a water tub sitting on the lap of her young lover and the scene reminded me of 'Blue Lagoon' with Brooke Shields—it was so sexy. So that pelvis ended the shoe size theory forever."¹⁵⁹

Forever? I'm glad she didn't unnecessarily stress this woman. But we're talking about a gymnast here. A gymnast, whose body bends and moves in ways average women's bodies like mine don't. Is it logical to ignore that?

Most of our birth experience wasn't sexy. It took hours and there were too many pushes to count. No one ever measured my pelvis and as far as I knew there was no reason to think of it as "insufficient" at the outset.

Lemay shares two more examples. A woman who had a C-section for her first baby and at the time the surgeon said she wouldn't be able to delivery vaginally unless the baby was under two pounds. Her second child, 7 lbs., was indeed delivered vaginally. And the "pygmy women of Africa," who she says are typically about 4 feet tall and deliver babies of 8 lbs. on average. She closes with this: "That's the bottom line on pelvises—they don't exist in real midwifery. Any baby can slide through any pelvis with a powerful uterus pistoning down on him/her."

Does this mean she would say my pelvis did its job? What would she say to me? I can't imagine a scenario in which she neither blames me for what happened to my body nor changes her stance on pelvises. Did she ever have a patient who experienced pelvic girdle pain? Did any of her patients have diastasis and she not know it?

Thoughts and questions rush in when I finish reading. It's officially Christmas morning. When I started reading my mind was alert, but I wasn't expecting to be awake much longer. By the time I finally fall asleep I have gone from feelings of raw righteous indignation to a much more mellow view. It takes me hours to calm down.

I finally tell myself: We agree on some very important points. Unnecessary interventions in the birth process are not wise. Midwifery is important in our society. Families should be able to choose how they want to bring new life into the world, whether at home, at a birth center or in the hospital. We only disagree on one thing: the importance of the pelvis in childbirth.

And maybe she's right in 98, even 99 percent of cases. But in cases like mine, and those of the other DSP mommas I've corresponded with, that outlier matters. That outlier is us.

A cost-benefit analysis approach to someone's body doesn't work when a fundamental principle of midwifery is to value and respect the woman, her body and her power. Just like car companies shouldn't be able to decide it's cheaper to pay a lawsuit judgement than to solve a problem, a midwife should not disregard the role of the pelvis because most of the time its role is insignificant.

If someone had said to me during my prenatal visits "Your feet are very small. I think we might need to watch out for your pelvis" or something to that end, it wouldn't have made us head for the door. But it would have given us information that would have allowed us to ask questions when my back began to hurt, to push for answers that made sense to us and even to consider

other options when we realized our son was stuck. We can't change it now, and I honestly don't know that we would have decided to be transferred to the hospital. But I know if my nieces end up with feet like mine instead of their mother's (my sister wears a U.S. 10) it may be something I mention to them.

I sleep less that night than I did the Christmas Eve of fifth grade, when my kindergarten sister woke the family at 4 a.m. I decide not to read anything about pelvises at night anymore. More family fun throughout Christmas day gets me smiling and laughing but my shoe size and my pelvis are on my mind all day.¹⁶⁰

In early January I begin taking a yoga class at the University's student recreation center. I view it as a way to ensure my pelvis, and everything connected to it, stay strong for the rest of my life. My co-worker who always has looked out for me has gone to the class for years. She knows the teacher well and encourages me to explain my situation when we arrive to class the first time.

As I explain, the yoga teacher looks pained and then, before she says anything, she gives me a hug that I can tell is intended to restore in me positive feelings about myself. Her compassion is clear and she tells me to let her know if anything doesn't feel right for me, that she can provide a modification. At the end of class she asks me to bring in copies of my physical therapy exercises next time so she can understand the muscle groups that had been targeted.

By nearly every standard, I am ahead of schedule in my physical recovery, as explained by my surgeon. I can walk unaided. With the exception of major changes in the air pressure, an incredibly physically exhausting day or a mishap that applies some amount of force directly to my pubic bone, I am virtually pain free. I can even run across the street if there's a car coming. (Not that I make a habit of that, and I run when I can *see* a car, not when it is close.)

In the second yoga class, there was one pose, Wild Thing, that I couldn't do as described. I couldn't keep my weight on one leg while the other was curled behind in the air. So I went down to my knee and it gave me more stability. I'll work at it and maybe the next time it comes up I'll be able to do it.

Otherwise, the class lets me feel open, almost free. My hips and legs get some great stretches and I leave feeling alive. That feeling makes me wish the class is offered daily. But in reality, I think the twice weekly will be perfect. It's the same number of times per week that I had physical therapy so I know I won't overdo it. And if I went every day I'd probably start wearing yoga pants to work. That would not be a good thing. My fashion bar was dramatically low during most of the last year, because when I hurt it was enough just to get out of bed. If I'm better, I need to present that I'm better. Show that I'm better.

In the middle of yoga practice it feels wonderful to be doing something I've never done. It means I can't compare "well, I used to be able to do so and so much better." No set up for feeling like I've failed or let myself down in any way. I leave looking forward to the next class and realize I'm now looking forward to the near future. For so long I forced myself to skip the near future and think of the distant one. The near future was full of fear and unknowns. Was surgery going to work? Was I going to be strong enough to _____ (you pick, I wondered about it ALL)? Would I forget what I used to be like? Now it feels ok to look forward to tomorrow the way I did before I had my son.¹⁶¹

A few classes later I feel like my teacher has designed it just for me.

"Hip, hip, hooray," she says, explaining that the start of the New Year gives us all a chance to let the struggles of the past flow out of our bodies and let peace flow in. The room is all women today and it's likely each yogini feels the same personal connection to what she says,

for one reason or another. My reason is the feeling that my hips are the last evidence of how my body betrayed me to protect my son. My tight hips — and the tight muscles at my groin — feel like the final hurdle between this body and a return to the level of pre-baby functionality. The right hip remains much tighter than the left. Because of the animosity between my hips (the largest portion of the pelvis) and I, every time we focus on hip openers in practice I feel like she has designed it all just for me. It's nice to feel that way.

As practice continues I learn Cow's Face, my favorite pose. In this pose, one leg is crossed in front of the other as you're kneeling. Then, you sit back. It is a challenge to get into this pose and I need to modify it by sitting on a block for now. But once I'm there, it feels delicious! Everything I want to feel awake and alive is awakened in the pose.¹⁶²

It doesn't take me long to realize I am getting as much out of yoga practice as I am out of my now twice monthly counseling/EMDR visits. On a rainy early spring day, it is solidified in my mind forever. Yoga is therapy. Later I find research that agrees. An article published in the *Journal of Alternative and Complementary Medicine* in 2014¹⁶³ presented a study of the use of yoga as a treatment for women with pregnancy-related pelvic girdle pain. Data from the randomized controlled study suggests a series of 10 weekly yoga sessions made more positive difference, resulting in less pain intensity, over 10 weeks than posture modification over the same period. Women receiving physical therapy because of their symptoms were excluded from the study.

As my therapy continues -- both emotional and physical through yoga -- I try to continue my research. I search for birth injuries and quickly discover this term typically is used to describe something that happens to the baby during delivery.

I remind myself no one is perfect. No labor experience is perfect. But that doesn't change

the fact that unless a professional tells you something is abnormal, you don't go in expecting trauma. I am grateful every day that it was me who sustained injury rather than my son.

That's not always the case. And sometimes both mother and baby are injured in severe and lasting ways. It hits me hard. Among all the getting ready for baby and labor and delivery books I read, I never encountered information about the risks to the mother's pelvis or that the pelvis could be a risk factor for injury to the child.

Today, though, I find the website for a network of families of children who sustained birth injuries, including Brachial Plexus and Cerebral Palsy.¹⁶⁴ The site lists the mother's "pelvic size or shape" as a risk factor for Shoulder Dystocia, the condition that the McRobert's Maneuver was developed to resolve. McRobert's Maneuver is an alternative to trying to pull the baby out, the cause of "virtually all" permanent brachial plexus injuries. The website explains the birthing process can be complicated by either a small pelvis or an unusual shape to the pelvis. Either one increases the likelihood of the baby getting stuck. The size and shape of the pelvis should be determined in the first prenatal examination. Unfortunately many doctors and midwives fail to perform this basic procedure.¹⁶⁵

As my son's first birthday nears, I'm anxious and dealing continuously with emotions but I know I'm not on the edge anymore. I'm not wishing I wasn't here and not imagining my guys getting along without me.

EMDR sessions are exhausting. In sessions, I wear headphones and hear alternating beeps in each ear that are synced to small plastic worry stone sized things that provide alternating pulses to each hand. Immersing myself in that time makes me feel pain and most of the time, once I start crying during a session I can't stop until it's over. It's difficult to recall those dark days in the detail the therapist pushes for. But each time I leave a session I feel lighter. Almost as

though putting the memories and experiences into the “trunk” in my mind actually removes them from my day to day consciousness. I imagine they’re not gone, just really put away so they’re not in my way anymore.¹⁶⁶

The weekend before the Little Guy's first birthday, we celebrate with Jeremy's extended family at his mom's house. Being surrounded by all of them is good for all three of us. When the big day arrives, it's not one of joy for me. I'm awake, unable to sleep, at midnight. I try to think about how I won't miss a minute of the day and make myself smile. But I can't smile. I want to throw a plate through a window right now. I'm angry. I'm sad. And I'm weak.

I'm angry because I feel like I got cheated out of the first nearly 10 months of my son's life. His first year, which I was looking forward to so much and everyone says you're supposed to cherish because it goes so quickly. There are huge chunks of it that I cannot remember and it makes my blood boil. I want that time back and I can't have it. I'm angry about being hurt and struggling with pain that kept me -- and sometimes still keeps me -- from being the mom (wife, sister, daughter and friend) that I want to be.

I'm sad because I looked in the mirror tonight and didn't recognize myself. Where did the woman so full of joy and vigor for life go? Where is the woman who had big ideas, took risks and was quick to laugh? I feel like I lost her when my pelvis separated. Although I work every day to find her, it is a long, slow process that is wearing on me and Jeremy as individuals and on our marriage. He misses that woman, too. And it devastates me to think my son has never met her.

I'm weak because I feel like I can't set my burdens down. I was taught that it takes strength to ask for help, that the strong are those who can trust someone enough to lean on them. I'm not doing much of that lately. I've lived in this community for almost 15 months and I don't

have anyone except Jeremy I could go out with on a Friday night. I haven't let my guard down for a second here. I've been too focused on surviving through it all. I'm not even leaning on Jeremy as I should be.

He's struggling with a stress fracture in his foot. I don't know how long it has been hurting him lately, but he's had trouble with this foot for years. Now that I can do so much, he let himself stop pushing so hard and we're getting to the bottom of this. A podiatrist wanted to do a surgery. He's hoping to avoid it. We saw a specialist who works with my surgeon a few weeks ago and he's got a boot and crutches now. It's hard for him. He detests being doted on and he's annoyed that he can't do what he thinks he needs to. It makes me feel like I can't be as open about my feelings as I should be. He's "the laid up one" now and talking about my stuff seems to not give him the recognition he deserves.

And I'm filled with guilt.

It's hard not to think all of the struggle, tension and emotional and financial strain is my fault. If my body had stayed together we would just be a family of three. Jeremy wouldn't have hurt his foot because we wouldn't have had to move. We wouldn't have spent all that on medical bills and we wouldn't have had to get used to life with a wheelchair, for example. I know some of this is because I'm imagining a perfect life. And I know that's not reality.

Guilt.

Jeremy and I had big plans for the Martin Luther King, Jr. holiday. We were going to take the Little Guy to the local children's museum for a program and the chance to explore. Instead we don't get out of our pajamas until 6:30 p.m. when we sulk to the grocery store. We watch some of the inauguration coverage on CNN and I go through the medical paperwork so we can be ready to do our taxes. And all day I feel like I had done it again – let down my son who is

too small to understand that we'd made a plan and nixed it. I told myself when I had surgery that I would be "normal" by my son's birthday. Right now, I don't feel like I've reached that goal.

Yes, I am physically much more like my pre-pregnancy self. I can do most things with ease now and usually feel strong and able. But there are days that I feel broken and the ache keeps me from getting after the day as I used to. I'm coming to terms with the likelihood that I will face some degree of chronic pain into the future.

Yes, my son loves to play with me and thinks I can do everything. But will he think that the next time there is an inauguration? He'll be about to turn 5 then, capable of so much more. Will I be able to keep up? Will he notice or care? I am not yet emotionally the woman I was. Not by a long shot. I'm working on this with the counselor. But it will take a long time and I'm feeling impatient. I want my old self back, in a modified form to accommodate this new and exciting adventure of motherhood. My guys, and even our cats, are sleeping right now. I should be, too. But my mind is racing with these big feelings. I should be overwhelmed with joy at my son's first day as a toddler. I'm not. I'm stuck on the idea that this time last year I had no idea what was about to happen to me.

When I wake up to get ready for work it will be the time of day that we arrived at the birth center a year ago. When my husband and I go to the daycare for the celebration of the Little Guy's birthday during snack time, it will be around the time of day that my pelvis separated. And by the end of the work day, it will be the time of day he was born. This is the last time I will think about a year ago and think of myself with an intact pelvis. That scares me.

This whole thing has changed who I am in so many ways. Some friends say I'm jaded now. Others say I still want to see the best in people, but lost innocence because I was brushed off for so long. But for my son I will keep fighting to reclaim the best parts of the former me and

bring them to light in this new me. I'll keep trying to let go of the angry, sad, hurt and weak parts. And I will most of all try to feel peace in the idea that today is just today. Tomorrow isn't written and yesterday doesn't have to set my course.

I will focus on the unwavering truth that I would do it all again to have my son in my life. I will love him and his Daddy. And I will trust them enough to let go of my burdens and be at peace with where we are today.¹⁶⁷

Happy birthday, Son!

My first EMDR session with the "bilateral stimulation" was the week before the Little Guy's birthday. Two days after his birthday I'm wondering if the therapy and my insomnia are related. I'm not waking up from nightmares right now. I just can't STOP until around 1 a.m. And I have no clue if the therapy and this problem are related.

Like the Little Guy, I have always been a good sleeper. Once I'm out, I'm out. But lately, it has been a challenge to let my head hit the pillow. It almost feels like I'm trying to make up for lost time, packing more into each day. It's as though I am trying to show myself how much I *can* do. Like I'm trying to give myself indisputable evidence that I am awesome.

Take the night after his birthday, a Wednesday, as an example. The Little Guy didn't have any naps during the day because of his 1-year-old well-baby checkup. He's all out of sorts and he takes a nap before dinner. Then, after dinner he gets downright hysterical. He calms down laying on my chest in bed, in the dark. After about five minutes of the three of us laying together, Jeremy's out. The Little Guy and I fall asleep for about an hour, then he wakes up again upset. He falls asleep in his crib soon afterward and I seize the moment.

I clean up the living room, rinse the cloth diapers from that day, load and run the dishwasher, fold laundry and get ready for tomorrow. When I head back to bed it's nearly 1 a.m.

Less than five hours of sleep later I'm in the shower facing down another day. That's not enough sleep for someone with bad joints. Especially when that person lives in an area with constantly fluctuating air pressure systems. Damn, these fronts are terrible on my pelvis.

I am desperate for the sense of inner peace I had before my pelvis separated. Sure, there was chaos and struggle, but I knew I would come out of it. I don't have that confidence anymore. I'm hopeful that the therapy can help me get it back. But I'm sure it will take time. I'm prepared for that. Meanwhile, I'm counting on my continuing yoga practice to pull me through.

When an air pressure system comes through I feel like I have a flu-like ache (the real, honest-to-goodness Influenza flu, not something you would generically call flu because you don't feel well). The ache is concentrated in my pelvis, specifically in the two areas that have given me the most trouble from the beginning — my right side SI joint and my right side of the symphysis pubis. It was difficult to get out of bed today. Even more difficult to leave the super-hot shower. So when it's time for yoga I consider not going.

Walking across campus in the frigid wind to make my body move even more did not sound like a good idea. But I think of my mother-in-law and I make myself go. She and my mother both have fibromyalgia. (My mom also has nerve damage and is still undergoing tests in 2015 to find the cause of other problems.) They have taken extremely different approaches to managing the associated muscle pain. My mother-in-law goes to Jazzercise almost every morning. She makes herself move no matter how bad she hurts. And she has told me more than once that it makes a huge difference for her. She hikes, camps and does everything I hope I am doing in another 20 years. My mom, in contrast, stopped all unnecessary physical activity when I was in junior high.

These two women are not a case study and it is impossible to know how different my mom would be, or how she would feel, if she had kept up swimming in the heated pool. But I can't afford to risk it. I'm far too young, with far too many plans, to risk losing my ability to DO.¹⁶⁸

Yoga does help. It's a relief to just have the permission to sit and stretch. My yoga teacher often says "you're a human being, not a human doing." She's right in so many ways. But my being, I know, depends on my ability to do for myself. By being I will be able to do.

In late February I realize my sister and I are struggling. There's so much going on in her personal life right now. I'm not there for her the way I used to be. She's distant and comes off when we talk as uninterested in how I'm doing. She's not reading my blog and makes a point to tell me so. Maybe she thinks I'm healed now? I called her last week and she told me "I don't have the emotional capacity to deal with you." I'm hurt by it, but I'm trying to convince myself what she did was brave. She's trying to look out for herself. I guess I just never imagined it possible that she could want to cut me out of her life. Maybe she wanted to before and was waiting until she thought I was well enough. It doesn't change how much it hurts. Couldn't she at least have waited a few more days to say that, until after my birthday?¹⁶⁹

I talk to my counselor about it but she doesn't say much about it right away.

The EMDR is helping me get things out, but it also means things are just under the surface now, harder to keep under. I get angry a lot more quickly. I'm frustrated by things that never bothered me before. Mostly, I think that's because how good I feel depends so much on things out of my control. The air pressure has an incredible effect on my body. Finding peace on those days is my biggest challenge. There are days I cry. Sometimes a lot. And in the few weeks since EMDR began I've been struggling with panic attacks, too. I've got an app on my phone

now, developed by the VA for soldiers with PTSD and suggested to me by my counselor.¹⁷⁰ It has relaxation exercises that come up at one tap, with no sound so I can even do one in a meeting if I need to. And I can call Jeremy or my friend in Minneapolis with the touch of one button.

It is two weeks after my birthday when my counselor tells me I have Complex/Chronic Post Traumatic Stress Disorder. She said it as a fact.

“You have Chronic PTSD” and she reads me the official diagnostic criteria for this condition.

Based on what she reads and the analysis she shares with me, there was no way for me to deny it. I already knew she assumed at my first visit that I was struggling with what she called “anxiety and PTSD,” but I didn’t understand everything that meant.

Given the decade of war that this country has been engaged in when she gives me this assessment, PTSD has been in the news more. I have extended family members who have served several tours in that war and are now receiving treatment for PTSD.

Is what happened to me “as bad” as what happened to them? I keep asking myself that question, and being struck with a feeling of guilt. I tell myself, ‘No. The trauma of war is a completely different thing. How can it be the same resulting condition?’ But I know what she read fit what I have experienced.

My counselor asks me more about the flood.

I explain it to her the same way I have to a lot of other people: *I learned two things because of the flood: There’s always someone who lost more and it can always get worse. Seriously. When you’re 16 years old and your bedroom is destroyed, but the rest of your family’s personal effects are fine because yours was the only bedroom downstairs, you’re going to talk with friends about stuff and hear about people a lot worse off than you. When you live in a*

FEMA-ville and the pipes keep freezing in November because the trailer was built in Louisiana and not up for a North Dakota winter, you learn the hard way that it can always get worse.

She wants to know why I need to compare myself to a soldier with PTSD.

Because that's what people do, I tell her. My mom is comparing what she thinks I'm going through to herself. Everyone I know can only understand what's going on with me based on what's happened to them. That's why there were people laughing and saying they were a 9 when I woke up from surgery. My mom always rates her pain at an 11. Don't get me started on that.

Why?

My mom says childbirth is a 10, but you know that has an end. She says she doesn't know her pain is going to end, so that makes it an 11.

Have you ever told her how you rate it?

No. It would probably start a fight, or hurt someone's feelings. I told her once that for me childbirth didn't hurt, that it was a lot of work, but not painful, and she changed the subject and turned up the TV. If I told her not being able to talk through it was a 7, what does that say about her?

And I got her point immediately about the need to stop comparing myself to anyone.¹⁷¹

Around this time, I read an article about how the U. S. military is using yoga to help in the treatment of veterans with PTSD.¹⁷² I know it has helped me. I know it helped me get through the panic attacks I experienced. And I know the breathing techniques I have learned help me compose myself when I need to.

As I dig into PTSD research, I find some articles that suggest PTSD related to childbirth isn't unheard of. According to one 2012 study of women in an Israeli hospital, it's even common,

with one in three women exhibiting at least one symptom of PTSD in the first days after childbirth. That's more common than pelvic girdle pain! Most of the women exhibiting symptoms had medication free natural childbirth, the researchers say. The researcher also finds just over 3 percent of women developed full-blown PTSD.¹⁷³

The symptoms of PTSD¹⁷⁴ include flashbacks, in this case of labor itself, physical reactions like heart palpitations during discussions of labor and delivery, avoidance of such discussions and the reluctance to consider having another child. In my particular case, my counselor explains over several visits, the trauma is considered chronic because of the length of time it went on. For me, the traumatic event began with labor and delivery on January 22, 2012. And it didn't really stop until my orthopedic surgeon said "I can fix you" on July 26, 2012.

More than six months. Being forced to do my best in agony, my therapist says, relates directly to why I tried to cover up my pain and self-doubt, even with my closest friends. It caused me to try to hide my feelings even from myself. It's responsible for my panic attacks and my need for approval from Jeremy for inconsequential things. And we'll keep going with therapy. It's working well, she says. If bringing everything to the surface is the goal, she's absolutely right. Better to get it out than to keep it in.

My counselor tells me in an interview for a class project about six months later that my experience of feeling unheard was hard to hear: "I was very irritated and then angry that professionals would do that. We're professionals, we're here to help people, to listen to what they need. It's just an embarrassment for them to ignore you and treat you in that manner.

"Listening to your story and the sense of helplessness that you felt -- it didn't have to be that way. You wouldn't have had to go months not being able to function. That's time with your

son,” my therapist said. “You could have had a better quality of life with him in the early weeks and months of his life.”¹⁷⁵

She’s right. No one should be ignored. And those precious early days with an infant are irreplaceable. Kindness would have led me to have an X-ray or physical examination right way, if for no other reason than to tell me definitively that there was nothing wrong with me that time wouldn’t heal. Kindness would not have allowed the midwife to tell me “there are other ways to enjoy each other.”

These April showers really are testing me. My physical therapist’s prediction that I am now a human barometer is my biggest challenge. More rain is coming. I am stiff and sore this morning but pumped about today being “Yoga Day.” I tell myself repeatedly that it does not matter if the ache gets worse, I am going to yoga! I am going to will myself to do it, like I know my mother-in-law does every day. I know that my practice makes me feel better. It makes my pelvis feel more alive, healthy and part of a body that is worth something.

And I do. I walk slowly and carefully from my office to the gym. It seems on the days I ache the most I have a tendency to stub my shoes on uneven spots in the sidewalk. I guess I just don’t feel like picking my feet up far enough sometimes. When that happens, it jolts things and I am better off if I can avoid it.

My teacher is wonderful. She has a peaceful way, a calming voice, and she loves to share what she knows about yoga or anything else. She’s been one of my biggest supporters since we met in January. But today when she starts talking about “working up to side plank” I’m anxious.

As soon as she says it I have a conversation in my head that goes something like this:

Negative self: *How can I possibly do side plank today? I’m already sore and gravity is not my friend on some of these poses.*

Positive self: *Shut up. You don't know what you can do. Remember when you shouldn't have even been out of bed and you were going to work every day? Yes. You can.*

At the beginning of our practice she asks us all to think about what we want to achieve. She gives a few suggestions such as calm and relaxation. For me, every time, my goal is to make peace with my body. To feel like it once again belongs to me and my mind and spirit are in harmony with it. I develop what feels like laser focus on that idea: Mind, heart and body are one. I hear my own breath and I see the orange and red I typically see with my mind's eye. I need to take this one breath at a time, not psych myself out before I even try it.

The time comes. As I move from plank to side plank on the right side I think: Here goes. Yes. I can. I will.

I do.

Tears stream down my face and I'm pretty sure I say "ohmigod. ohmigod!" out loud. My mat neighbor, who knows my situation, asked softly if I am OK and gives me an enormous smile when I said I was.

Time to switch to the left side comes and I am still crying. So much release. So much joy. And, finally, some of that peace I have yearned for.

I have struggled a lot with the concept that the one thing my body was made to do it couldn't do without splitting itself in half. It cuts deep. It's like a machete gash to my womanhood. (Add to that my Skipper-like chest and I might as well be a 6th-grader with two silver hairs.) It has been hard for me not to think of myself as anatomically, hopelessly less than I should be. At least when that Negative self voice is the loudest.

But today, the voice of Positive self prevails. Today I prove to myself that I can do great things now – a little less than eight months after surgery to repair my pelvis and nearly 15 months after the birth of our son.

Those beautiful, warming tears represent to me the beginning of a new phase in my journey. I am coming to terms with the new me – as a wife and mom, as a woman, daughter, sibling, friend, colleague, classmate, herbivore and yogi. And each time I practice yoga I am more committed to ensuring it remains part of my life for the rest of my life.

The experience is so powerful that maybe 20 minutes after that side plank, as I walk out of the gym with my teacher, who gives me a ride to my office, I swear I see my dad sitting in the field and smiling his million dollar smile. He walked on what feels like a long time ago. I can't call him up and tell him all about it. But I know he's as excited as I am today. Today those joyful tears are for me and for my family. My husband and I are one day closer to this whole experience being a memory. And I am motivated daily by the goal of achieving such strength that my son never knows me to be sore or to struggle.¹⁷⁶

In late April, my counselor gives me a homework assignment. She says it may sound strange and asks me what I think about writing a letter to me, from my pelvis's point of view. Something like that would never have occurred to me. But writing is how I best get things out, so I agree to give it a try. On April 25, 2013¹⁷⁷ I wrote:

Dear Michaela,

I know we haven't been on the same page lately and I wanted to reach out to let you know that I'm trying really hard. I'm on your team and I will catch up to Legs, Feet and Arms as soon as I can.

All of the attention you're paying me lately is embarrassing and frankly, it motivates me to heal as quickly as possible. The common ground we share is looking forward to the day you can forget about me again. I just want to do my job and not be noticed. I promise.

What I'm writing now is difficult for me, but I need you to know: I did what was best for you and (the Little Guy) that day. I didn't want to separate and I tried really hard not to. But he wasn't going to come out unless I let go and I knew how badly you wanted your son. I wanted him to be healthy and I wanted you to be able to have him naturally. You did a lot of work to make sure you could do that — all of that exercise and Zumba was good for me. And for the baby. I think things would have been even harder if you hadn't worked out.

If there had been a way for me to tell you that we weren't going to make it without my accident I would have. I wish I could have let you decide if you'd rather have a C-section. And I cringe with Brain and Heart every time someone asks you that ridiculous question.

I wish that the people taking care of us would have investigated things more thoroughly right away. I wish I wasn't racked with guilt over the amount of pain you were in and are in when the air pressure changes. (Maybe we should move to the desert?) But I admire your spirit and I want you to know you are doing the right things.

Every day I wonder what would have happened if (the midwives) would have touched me before they let you stand up. Would they have felt how large the gap was and done something right away? Would it have made you scream in such agony that your "pain is weakness" mentality couldn't have been a mask? Would it have made a difference? We will never know.

Every day I wonder if I could have had the same results as the others you have met if someone would have sent us to physical therapy right away. Would I have been strong enough to close on my own with the proper exercises? Or would exercise have been too difficult? Would I have been able to stop your pain on my own? I will never get to know the answer to that. I will always have metal in me to remind me of the day I let you down but saved your son.

I was a hero and a demon that day — and I didn't have a choice. There was no fanfare for me. Only you telling people in desperation that your "body did what it had to in order to get him here. Better me hurt than him." I hated hearing you say that. Every time it was a reminder of the choice-less choice I made. I thought you would want it that way — him safe and healthy, you challenged but ultimately able to recover. But every time you said it I had to wonder if I made the right choice. If I hadn't separated, would they have sent you to the hospital? Or pulled him out by his neck?

Every day I'm sorry that the binder wasn't strong enough to push me back

together. I tried to close up. You have to believe me. I didn't want you to hurt and it makes me feel like shit that you think this whole mess was my fault.

I'm trying to stay calm here but I have to say it is no more my fault than it is the fault of Right Big Toe or Brain. I need you to understand that we are all in this together. Yes, I separated. Yes, I'm the one with the plate and screws now. But FAULT implies I had a choice. I didn't have a choice – not a real choice. What happened kept the Little Guy safe. Would you have rather I had not separated and they have to pull him out? You've read about what can happen then.

I didn't think so. See. I was looking out for you and your family.

Thank you for taking the precautions you did to make sure Uterus doesn't end up carrying another baby. Don't get me started on Uterus, but you did the right thing to agree to let Jeremy get the vasectomy. Having another fetus to nurture and grow would have been too scary for us. And it would have been a really difficult thing for Jeremy and (the Little Guy) to watch you be scared and sore and on bed rest for so long.

You're doing the right things.

Now, I'm asking you to please accept what happened as part of the journey. Take from it the good – your healthy son, your loving, supportive and true friends and the knowledge that you really can survive whatever this life will throw at you. I know it is hard to think about this, but I have to because of the guilt I feel every day. But if you can accept it, and remember that no matter what we are on the same team, we can get better. We can be 100 percent again. We just have to stick together.

It's my job as Pelvis to keep Back, Abdomen and Legs connected. I will keep Hips and SI Joints in line and give the new kids, Symphysis Scar Tissue, a chance to get used to things as long as you keep up the healthy diet, regular exercise and emotional therapy. Remember that you are doing the right things and we are in this together.

Sincerely,

Pelvis

There are things even I learned letting words flow from this point of view. Of course, logically I know that my pelvis has no medical knowledge and there's no way to know with certainty that the Zumba and running really helped. But what I really hadn't let myself completely absorb was this: "But he wasn't going to come out unless I let go." I'd thought for a while about the alternative. How glad I was that I was hurt rather than my son. But until I read it in what I

wrote, I thought I was just trying to make myself feel better. Somehow, seeing it from the point-of-view of my pelvis helped me believe that was true. My body did what it had to do.

On May 1, I wrote back. Strange, maybe, to have a conversation with my pelvis. But it was a good process for me.¹⁷⁸

Dear Pelvis,

Thank you for saying what you had to say. Heart, Gut, Logical Brain and Intuition all agree with you. But right now -- as the weather crashes down from 80 degrees to snowing -- I can't help but hate you.

I've never truly hated anything. But I feel like you - your willingness to follow the whim of the weather and completely destroy whatever plans we had - are making this life very difficult for me. As I write this, you are slathered in Arnica cream and the heating pad is on you, trying to make you settle down. But no. You are like the raging temper tantrum my son has not yet learned to have. You are obnoxious. You are disruptive. You are inconsiderate, spiteful and mean. You are a mean girl, like the pair from my Brownies troop who said my mom didn't love me because she didn't make time to be a leader like their moms did. (Remember what I told them? "My mom loves me so much she works. And she's an ICU nurse, so she's saving someone's life right now.")

I am doing my best to be patient with you but I'm anxious about so many things and eager to get back to what summer is supposed to be: Hiking, camping and going on adventures outside. (Will we lose another summer?) The professionals told me it could be a year before the healing you are experiencing will be finished. I've only given you eight months and six days. They said the first year of nasty weather would be the hardest. And believe me, I know it is not your fault it is snowing in May in Kansas for the first time since 1907. It is not your fault that you separated on one of only two days of snow in 2012 and 2013 has been a year to repair the damage of previous drought. It just pisses me off. How unlucky. How unfair to be at the mercy of the forecast as my own fortitude waivers. But at the same time, how wonderful to have come as far as we have. Yes, I meant to say we.

I appreciate what you did for my son. He is happy, healthy and makes up for whatever vigor I lack on any given day. He is a miracle and if what happened is what it took to make him a part of my life - part of our family - than I would do it all again. I'm just scared, hurt, angry and tired.

I'm scared of the unknown. Will I ever feel like my old self physically? Or will I be so many years older by the time things are "right" again that age will have added aches and pains I think are unnatural but really aren't at all?

I'm hurt, sometimes physically and other times emotionally, by the daily struggle we face now. If I'm sore and don't want to pick up my son, I fear he can feel it, that it will cause him guilt that he should not bare. Right now I need someone to blame, and you, Pelvis, are all I have.

I'm angry because of the things I missed, the things I can't remember about my son and his earliest days, weeks and months. That time all the books and magazines said was supposed to be magical is a fog for me and the memories I do have are filled with pain, not joy. I will never cradle another baby seconds after he or she emerged from my womb. I will never know what it feels like to carry your day old baby to show him off to doting family and friends. I feel robbed and betrayed and you are the perpetrator.

I'm tired because this whole experience has changed my ability to sleep. I used to sleep like a log. Even until the last few weeks of pregnancy I could close my eyes at the end of the day and wake up in the morning. Now, several times a week I wake up in the night, because of a bad dream, or pain. Or I fight to fall asleep because there are crazy things in my head that don't let me rest. And again, I want something to blame. You're all I've got, Pelvis.

Just like you saved my son the day he was born, you save him - and me - now. I would much rather blame you, and I hope you agree that is the best course. It certainly wasn't his doing. He would have found another way so he would have had a mother able to devote more to him right away. I will concede that you did what you had to do and it was the right course. But I am not ready to accept it. I'm not ready to forgive you. I'm sorry. I'm just not ready.

Maybe someday I will thank you for opening up a part of my soul that needed to be explored, for giving me new reasons to unpack the baggage I carry related to my parents and their separation, my mom's struggles with chronic pain and my own understanding of myself as a woman and mother. Maybe there will be a time when you are again completely irrelevant to me and we only recognize each other during the intentional practice of yoga. Maybe when we've had three weeks in a row of 80 plus degrees this summer we can try to patch things up. But for right now I need someone to blame and you, Pelvis, are all I've got.

Michaela

It's so strange to need a way to relate to your own pelvis. Nothing that had happened before required me to develop a relationship with a specific part of my body. This "conversation" didn't continue and it's not as though I have a pet name for my pelvis now or something. But I think still about how I wish I could forget about Pelvis more often than I do.

I've started using an app to draw, paint really, at the suggestion of a relative who works as a counselor. She keeps an art journal personally and after talking with her a bit about the orange and red I see during yoga, she suggests I give art a try. I mess around with the app for a few weeks. The pictures are abstract, with themes of circles, spirals, orange, red and yellow. When I mention it to the yoga teacher she smiles and tells me to read about the Chakras. She bets the colors I see are related. We talk about how great it is to find so many outlets for everything I've bottled up.¹⁷⁹

It's making a difference.

Our world is filled with reasons to be happy right now. Our son is walking more and more every day and gets an incredible amount of joy from it each time. It reminds me of the emotions that ran through me the first time I walked without the walker. The first time I walked without pain. The first time I was able to carry my little boy up the stairs and put him into his crib. Each of those moments were my gold medals. My mountain summits.

And I'm starting to wonder what will top that.¹⁸⁰

And I'm worried about Jeremy. His thumb is messed up. He's been to the doctor and learned that it's a condition affectionately known as "Mommy Thumb." It's a specific tendonitis that's related to the motion required to pick up a baby (or a camera, or anything else). He's going to have shots for it and he's confident it will get better. Why does stuff keep happening?

Between his foot and thumb and my pelvis, we're one whole person these days. We're trying to make the best of it but it's hard not to think when it rains, it pours.¹⁸¹

We are starting to plan a summer car trip around Memorial Day weekend. We're going to see my mom, my best friend and her family in North Dakota where I grew up. We're going to spend some time with my girlfriends from my former job at the newspaper, and their husbands, at a lake house and we're planning to hike around the headwaters of the Mississippi River in northern Minnesota. We were planning on 10 days of awesome.

Eight of those 10 days I feel no pain. We get my mom's house clean and do a bit of decluttering -- just like I did when I lived there -- and feel great about it. I share laughs with my best friend and our two families enjoy each other's company. She's home from her stem cell transplant and things are going well. She has more energy than I expected but I can tell she's frustrated with herself. We remind each other that we deserve as much compassion from ourselves as we give to others.¹⁸²

The time at the lake is rejuvenating for me. With my friends, I walk with my son strapped to my hip through the neighborhood of lake homes. I let the Little Guy nap with only the screen door closed and imagine he enjoys the sound of the lapping water as much as I do. While he naps, I sit in the middle of the canoe, with a life jacket as a cushion on the bottom of the canoe as two friends paddle and steer. I feel safe with them. We talk about how great it feels to be on the lake together. It's been so long.

We play bean bag toss on the lawn. We get in the cold water and the hot tub as the Little Guy naps close enough for me to hear him if he cries. I wake up early and practice yoga on my mat on the dock, feeling one with the breeze, the chirping birds and the lapping water.

We leave the lake house and head for Lake Itasca, the state park where the Mississippi River begins. I've been there before, as a kid with my parents when they worked at a summer camp. Jeremy's been there, too, on a family vacation when he was a kid. We're excited to be there together, to share it with our son. We spend the day watching the interpretive video, strolling through the museum and walking all around. Around lunchtime we climb the stairs down to an overlook near a trailhead. Jeremy snaps our picture of me with the Little Guy strapped to my hip. I'm smiling. My hair is past my shoulders now and I look more like myself.

We decide we'll make and eat our peanut butter and jelly sandwiches then hike a trail for about 1.25 miles. It seems like a good distance. It's a stretch, but doesn't seem insurmountable. It makes me think about the seven-miler in Michigan on our honeymoon. We'll do that again someday. Today, 1.25 miles will be a victory.

There are other families around. Vacationing. Smiling and laughing together. It's a beautiful day. Mild, breezy and fresh. One family tells us bringing lunch was a great idea. We think so, too.

Along the trail we see a large turtle scamper slowly to the water as we approach. We're walking loudly, crunching along. We're out of practice. But we're doing it. We're taking lots of photos and pointing things out to the Little Guy. He's pretty new at this really. He's looking all around and seems to be having fun, although he's tired. We're moving at a relaxed pace, taking in the scenery. I'm carrying the little guy on my hip in a Hip Hammock. It's something I have never done for this long before this trip. Jeremy's foot is doing better, but not well enough for the extra weight of the Little Guy. It must be comfortable for him because he takes a cat nap along the way.

Being able to carry him makes me feel like the mom and partner I want to be. I'm not feeling pain, but I can tell my body is very aware of the work it's doing. I'm glad it's not a 1.75 mile hike. That would have been too much. Probably because I'm carrying the Little Guy. He not a baby anymore. He's 16 months old.¹⁸³

I'm wearing him as we walk across the headwaters of the Mississippi River, too. He's awake now. Really alert. I can't help but wonder if he can sense how big of a deal this is. We stand on a log bridge over the water as a father and son from the south snap our picture. The first of many hikes to come, completed.

We are beaming.

That photo, of the three of us on that log bridge, has a place of honor in our home. It's in a frame my best friend gave me years before with a picture of her daughters inside. When she gave it to me, it was the only one like it I had ever seen. Now they're common. The glass is the mat. It makes the image look both suspended and secure in the space of the wooden frame around it. To me that is perfect. It's like I was: Suspended and isolated as I made my way through, decided to keep moving, keep trying. My precious family and friends were like that frame. They were fighting alongside me, cheering for me. Even when I couldn't see them or feel them. I allowed myself to feel secure again because they were there. Looking at that picture in that frame reminds me in an instant of the love and compassion that was there as I went through Hell and came back.

It's a constant reminder of what I can do now. Of how far we've come -- together.

Epilogue

My son is now closer to four years old than three. I can twirl him and help him fly like Superman, run races with him, even jump up and down just because for a full minute or more. We play all kinds of games. We've had a few close calls when he runs at me for a hug when I'm not paying attention. I walk with one hand in front of my symphysis if it's dark and most of the time I still sleep on my back or on my side with a body pillow between my legs -- all the way to my ankles.

If I overdo it physically, I get a crazy sensation that feels like the scar tissue at my symphysis is itchy. But it isn't pain. It doesn't keep me from what we love to do as a family. We hike, tent camp and do lots of things Jeremy and I imagined we would before we knew what DSP was. I've run one 5K, but haven't gotten back to running consistently. There are still days when I don't move as fast as I'd like because a storm is coming. But the majority of my days are free of physical pain. I am not yet to a place where my pelvic is irrelevant, and I may never be. I haven't felt brave enough to get back on ice skates and I'm not yet strong enough to dance in my regalia at a powwow again. But there is so much I can do. I'm grateful everyday for where I am and where we are as a family now.

Where DSP truly is most evident in me now is in my ability to interact with others. I feel less compassionate for fortunate people who are complaining. I have much less patience for people who don't seem grateful for what they do have, but instead bemoan what isn't perfect. It's not fair. But it's where I am right now. And it's worst regarding people I interact with regularly who did not show me compassion. My friends and family have seen it, too. They talk about it like increased skepticism, lost innocence, that I'm a little jaded. To me, it is a bitterness that I'm working on moving beyond. My mother-in-law still cries with me when we talk about that time.

It's safe to say our experience made her anti-birth center because she can't trust that any woman is getting good care now. I've had several discussions with friends and family about how even birth centers have to think about the bottom line and not getting sued, and despite everything they want you to think, they aren't always putting you first.

Our journey continues with reminders of where we've come from. But I'm not at the mercy of my pelvis the way I was in the first year after surgery. Now the reminders are more subtle: like the small house we bought because we know our family size. And the joy we felt at leaving that apartment we had to move to so I could have surgery. I'm just now grappling emotionally with not being able to carry another child and I often feel a powerful sense of relief that we hadn't planned on a large family. I haven't figured out what I'll say when my son says he wants a brother or sister.

I don't blog very often now. But I occasionally get a comment or message from a mom who has found the site and gleaned something from what I shared. Sometimes, they're a friend of a friend of mine who has heard about my experience. Most of the time they don't know me at all, just relate to the words on the computer screen. One of those women I don't know, who lives several states away, corresponded with me several times early in her recovery. In one message she told me the picture of Jeremy, me and our son standing on the log bridge at Lake Itasca kept her from giving up on herself. I've never received a more meaningful compliment and it reminds me to keep pushing myself forward, too. I'm not DSP. Our family is not DSP. It's something we experienced. But it will not define me. It will not bench me. And I still don't think I'll become my mom. I'll become who she would have been if her chronic illness hadn't kept her on the sidelines. Who I wish she was able to be. Or maybe I'll do even better and become the mom, the partner and the woman I want to be.

Appendix

The survey

Jeremy, my best friend, my friend from Minneapolis, my friend from Iowa, my sister, my mom, and Jeremy's mom and stepdad each were asked to answer several questions. The survey was delivered by email, but my mom, Jeremy's mom and stepdad preferred to answer the questions in person and time allowed it to be accomplished. I typed as they spoke.

Each person knew something about the project I was working on. They all received the following introduction and these seven questions:

Hello,

You are receiving this message and request because you are an important part of my life. You were involved in my pregnancy, birth and postpartum experience and your memories may help me best tell that story to help others. As you likely already know, I'm writing the thesis of my Master of Liberal Studies program as a memoir + informative nonfiction about the condition, prognosis and recovery. The first five questions are being sent to all seven of you. The others are tailored specifically for you. Please write as much as you are comfortable. I am interested in what you remember feeling, thinking, seeing in as much detail as you are willing to share. If you journal or keep notes and you're willing to share that, I welcome it. Be honest and forthright. If you do not recall something well enough, just say so. No big deal. Nothing you say will hurt me and your honesty will make the final product better for it. Please let me know if you will be able to do this as soon as possible. Responses received by July 12 will be most helpful, but anything received by July 31 will be useful.

1. What's your favorite or most joyful memory of me, from any time in our relationship?
2. What do you remember about first learning that something was wrong with my pelvis? Describe where you were, who told you, what you remember about what was said, etc.
3. What were your most pressing questions, concerns and feelings after learning that?
4. Did you tell other people? If so, what did you say? What was most important for them to know and understand?
5. Describe what was, for you, the gravest point in your interactions with me during this period. I don't want to lead you here. I'm interested to know if there was a specific instance, time or period where you were worried I may not recover, that sort of thing.
6. How do you think I'm doing now? How have you noticed this experience has changed me?
7. What else should I know?

Additional questions, specific to a certain event, such as a visit that only that person experienced, were included between question 5 and question 6.

Everyone completed the survey during July or August 2015.

End Notes

Preface

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Chapter 6

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