

TEXTS AND CONTEXTS
FROM THE
HISTORY
OF
FEMINISM
AND
WOMEN'S RIGHTS

EAST CENTRAL EUROPE,
SECOND HALF OF THE TWENTIETH CENTURY

Edited by

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Jasenka Kodrnja

The Diary of a Woman in Labor

AUTHOR Jasenka Kodrnja

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LANGUAGE Croatian

ABOUT THE AUTHOR

Jasenka Kodrnja (1946, Zagreb–2010, Zagreb) was a Croatian sociologist, philosopher, feminist activist, a poet, and one of the certainly more interesting figures on the Yugoslav and, later, Croatian intellectual scene. The argument for the latter should be found in her uncompromising nature and exceptional courage in the fight for her own convictions, a fight she was more than happy to bring to the public sphere without worrying too much about how many feathers she would ruffle while doing so. A good example of this is precisely the article “The Diary of a Woman in Labor,” published in 1981 in one of the most popular and widely read Yugoslav magazines, *Start*.

Jasenka Kodrnja was born in Zagreb, where she graduated in sociology and philosophy at the Faculty of Humanities and Social Sciences of the University of Zagreb (in 1971). From 1973 to 1975, she attended postgraduate studies in anthropology at the Faculty of Philosophy of the University of Belgrade. In 1979 and 1980, using a French government scholarship, she was in Paris at the *École des Hautes Études en Sciences Sociales* (School of Advanced Studies in the Social Sciences), studying under Alain Touraine. In 2000, she received her doctorate from the Department of Sociology at the Faculty of Humanities and Social Sciences of the University of Zagreb with the dissertation “The Social Position of the Female Artist.” She later published the results of her doctoral research in her most important work, *Nimfe, Muze, Eurinome* (Nymphs, Muses, Eurinomes). In it, she presented her often criticized and contested research practice of using myths as methodological models for the study of reality. Kodrnja’s friend and intellectual influence, Blaženka Despot, wrote a foreword defending her research procedure and justifiably referring to the epistemological problems of contemporary science prone to neglecting women as subjects and creators of knowledge as well as denigrating their methods of acquiring it.

From 1980 onward, as a member of the feminist group *Žena i društvo* (Woman and Society), she was one of those who significantly contributed to the institutionalization

of feminism in Croatia. Thus, she joined intellectual figures such as Lydia Sklevicky, Blaženka Despot, Nadežda Čaćinović, Vesna Kesić, Rudi Supek, Vjeran Katunarić, and Slavenka Drakulić who, through the work of the group, discussed numerous feminist topics within existing socialist frameworks but also outside of them. From 1988 to 1996, she worked as a volunteer on the SOS Hotline for Women and Children Victims of Violence, the first of its kind in Central and Southeastern Europe. During that period, she spoke to thousands of women victims of domestic violence, listening to their shocking testimonies and trying to provide them with help in times when almost no institutional help existed. Her work on the SOS Hotline deeply affected her, and although she rarely discussed the testimonies she heard, one of them she decided to recall in the story “Kill Me,” published in her book *Trinaest razloga za šutnju* (Thirteen Reasons for Silence).

In 1990, Jasenka Kodrnja participated in the establishment of the first shelter for women victims of domestic violence in this part of Europe: The Autonomous Women’s House. The shelter started working when female activists—Jasenka Kodrnja among them—occupied an empty apartment in Zagreb using the method of squatting.

She worked at the Croatian Cultural Institute as a researcher, at the Ministry of Culture as a consultant, and, for a short period of time, she was a high school teacher. In 2000, she started teaching at the Faculty of Croatian Studies, among the first to introduce feminist topics into the academic community through the courses “Introduction to Gender Studies” and “Feminist Theories.” In 2001, she was employed at the Institute for Social Research in Zagreb where she managed two scientific research projects: “Gender/Sex Determination of Space and Time in the Republic of Croatia” and “Identity of Others in the Republic of Croatia.” Along with Blaženka Despot, her intellectual role models were Héléne Cixous, Jacques Derrida, Gilles Deleuze, Luce Irigaray, Julia Kristeva, and Jean-François Lyotard. In addition to scientific work, she was a prolific writer, publishing poetry, prose, and essays in the publications *Oko*, *Quorum*, *Rival*, *Književna republika*, *Zarez*, *Novi list*, and the Third Programme of Croatian Radio.

She died on July 1, 2010, in Zagreb, following a short illness.

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*Ana Maskalan*¹

CONTEXT

It is quite disconcerting and infinitely sad when a forty-year-old text describing a particular case of (social) injustice still sounds familiar and fresh. Such a text confronts us with depressing thoughts about stagnation and the irreparability of the human condition, becoming more pronounced in the face of an ideology of the present that sometimes uncritically glorifies the supposed enormous progress of today's societies compared to the "old ones." This is particularly characteristic of contemporary post-socialist societies, which find nothing redeeming in the former social structure, while at the same time being unaware of their own reluctance to overcome some of the injustices of the past.

Jasenka Kodrnja's article, "The Diary of a Woman in Labour," published in the Yugoslav magazine *Start* on August 21, 1981, represents exactly one such text.² In it, she describes in detail what some would say is a very ordinary and insignificant experience: the experience of giving birth in a hospital environment. Despite this, or precisely because of this, the text "The Diary of a Woman in Labour" caused certain controversies in socialist Yugoslavia.³ What was so controversial about it? First,

1 This paper presents results from the project "Croatian Women Philosophers in the European Context," which is financed by the Croatian Science Foundation under the number UIP-2017-05-1763 and hosted at the Institute for Philosophy, Zagreb.

2 "The Diary of a Woman in Labor" was also published in Jasenka Kodrnja's book *Žene zmije – rodna dekonstrukcija* [Snake women—gender deconstruction] in which she gathered selection of unpublished or previously published texts, mostly on feminist topics, from 1975 to 2007. "The Diary of a Woman in Labor" is, hence, among her earliest feminist writings.

3 The controversy around Kodrnja's text was derived from conversations I held with Kodrnja's contemporaries and colleagues. Although some of them did not know Jasenka Kodrnja at the time of its publication, they remembered the discussions it caused as well as the discomfort stemming from bringing up such an intimate topic in public. Nevertheless, it should be emphasized that as far as I know no social debates following Jasenka Kodrnja's article were documented. However, women's birth conditions were discussed from a more scholarly and transnational angle a few years after Kodrnja published "The Diary of a Woman in Labor". For a detailed analysis of this, see Lóránd, "Feminist Writing about Women's Health", in *The Feminist Challenge*, 188–192.

the author decided to go public with a deeply intimate topic that, precisely because of its intimate nature, was considered inappropriate in the context of public speech. Describing the pains of childbirth, as well as other (non-sexual) processes related to a woman's body, was historically determined a transgression of good taste and pushed into the realm of whispers or, even better, silenced. Another reason for the controversy was the fact that Jasenka Kodrnja dared to touch the untouchable: the medical profession and its paragons, whose authority and competence (along with those of priests and judges) were until then rarely questioned in the Balkans. The third, maybe the most important reason was that Jasenka Kodrnja's case wasn't unique. Exactly the opposite! Numerous Yugoslav women recognized themselves in her experiences, and this is exactly what made her text compelling and controversial.

What certainly contributed to the popularity of Jasenka Kodrnja's article was the medium in which it appeared. The magazine *Start*⁴ was a popular Yugoslav periodical publication that was published in Zagreb (Croatia) in the seventies and eighties, often proclaimed "the Yugoslav *Playboy*."⁵ Although its content varied, distinguishing itself with texts on culture, politics, and the media that were being written by some of the most prominent Yugoslav intellectuals, what contributed to *Start*'s popularity, especially among men, were its covers and spreads, which often featured beautiful nude women. Despite this, the editors of *Start* encouraged the publication of provocative and unexpected topics, among which some were feminist.⁶ That is why Jasenka Kodrnja's article found its place there.

"The Diary of a Woman in Labor" described the medical ordeals that Jasenka Kodrnja suffered during giving birth to her daughter Jana in one of the most reputable hospitals in Yugoslavia. It began with the words from the (male) editor who, although justifiably mentioned that Jasenka Kodrnja's case had raised many ethical, professional, and social questions, fell short by reducing it to the power relationship between doctor and patient. So despite this rather neutral introduction and the fact that Jasenka Kodrnja described only her own experience without wider social contextualization and abstraction, she quickly introduced a feminist moment in her second paragraph by saying: "When I decided to keep the baby, I tried to carry out that duty as best as I could." This emancipatory attitude of a woman who thinks about her own body and freely makes decisions about it should be partly placed in the context of socialist Yugoslavia at the beginning of the 1980s, when the intensity of state

4 "Start." *Hrvatska enciklopedija*. Leksikografski zavod Miroslav Krleža. <https://www.enciklopedija.hr/natuknica.aspx?id=57877>.

5 Editor's note: Despite this comparison, the quality of the texts in *Start* surpassed those of *Playboy*, making it a one-of-a-kind Yugoslav and Balkan publication. About *Start*, see the entries about Slavenka Drakulić, Vesna Kesić and Vera Vesković-Vangeli in this volume.

6 Slavenka Drakulić and Maja Miles, a trailblazing feminist journalist of the 1980s in Yugoslavia, wrote for *Start*. Vesna Kesić's text on Miles: Vesna Kesić, "Nagrada Maja Miles" [The Maja Miles Award], <https://old.hnd.hr/hr/arihiva/show/60883/index.html>. Accessed January 19, 2024.

interventions in the field of women's human rights was weakening, and the feminist activist one was strengthening. Yugoslav politics significantly contributed to gender equality in a geographical area that after the Second World War recorded major social differences between men and women, by contributing to the eradication of female illiteracy and increasing the education and the employment of women, and social protection and care for their children.⁷ Socialist Yugoslavia also introduced women's right to abortion in 1974.⁸ Despite its shortcomings, it is still in force in the Republic of Croatia.⁹

In addition to the specific Yugoslav intellectual environment of the eighties in which she lived and worked, Jasenka Kodrnja may have been even more influenced by Western second-wave feminist writings, especially those regarding women's (reproductive) health.¹⁰ Certainly, one of the most significant books in this regard was Mary Daly's *Gyn/Ecology: The Metaethics of Radical Feminism* (1978)¹¹ that Jasenka Kodrnja often referred to in her later works. The influence of the aforementioned book, in which the author discussed the relationship between the medical branch governed by omniscient male authorities approaching women as mindless objects deprived of agency and opinion, is also recognized in "The Diary of a Woman in Labor." At the same time, Jasenka Kodrnja did not reduce medicine, in this case gynecology, exclusively to patriarchal power relations, but opened up questions of all power relations between (self)proclaimed authorities and those expected to obey them.

In discussing her case, Jasenka Kodrnja was most upset by the discrepancy between the medical birthing procedures described in the books she read to prepare for labor and her own experience. And while the books promised medical care, compassion, and respect for the patient's opinion, her own experience was marked by medical dehumanization, neglect, and ignorance, which not only hurt her dignity as a human being, but also put her and her child's life in danger. She compared the feelings experienced in that moment with those of being raped. Her final impression of one of the most sensitive, frightening, and beautiful moments in a woman's life was defeatist and sad, and she rounded it off with the words: "Every person is once and somehow born. Surely that first encounter with the world is some indication of what kind of world that is."

7 Ana Maskalan, "Place of Women's Rights in Supranation-Building," *Politička misao* 59, no. 2 (2022): 41–65. <https://doi.org/10.20901/pm.59.2.02>.

8 See the entry about Vlasta Jalušić in this volume.

9 Ana Lovreković, "Nismo mi krive – bilješke iz povijesti pobačaja 1" [It's Not Our Fault—Notes from the History of Abortion 1], *Libela*, October 10, 2018. <https://libela.org/sa-stavom/9865-nismo-mi-krive-biljeske-iz-povijesti-pobacaja-1/>.

10 For more details on feminist writing on women's health see Lóránd, *The Feminist Challenge to the Socialist State in Yugoslavia* (London: Palgrave Macmillan, 2018), 188–192.

11 Mary Daly, *Gyn/Ecology: The Metaethics of Radical Feminism* (Boston: Beacon Press, 1978).

Unfortunately, forty years later, the medical, particularly gynecological, treatment of women, supported by radical conservative political and religious ideologies in the Balkans, still rests on cruel and humiliating practices further reinforced by the social tabooing of women's bodies (as part of the way society regulates and controls the human body, i.e., body politics). Recent examples concern performing the curettage procedure without anesthesia¹² (opening up further questions of performing curettage itself in cases when there are less invasive and more humane alternatives at disposal), the mass "conscientious objection" of doctors, which makes abortion unavailable in large geographic areas,¹³ the inhumane treatment of women during labor,¹⁴ providing IVFs only to married women,¹⁵ etc. Unfortunately, all of this makes Jasenka Kodrnja's text more relevant than ever before, reminding us at the same time that the fight for women's human rights is a never-ending and a never-forgotten task.

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12 For the case from Croatia, see Kristina Turčin, "Health Ministry Shaken by Growing Number of Unsettling Experiences Described by Female Patients," *Euractiv. Jutarnji list*, October 15, 2018, <https://euractiv.jutarnji.hr/euractiv/health-ministry-shaken-by-growing-number-of-unsettling-experiences-described-by-female-patients-7942585>.

13 For the case from Croatia, see Helena Trenkić, "Mass Conscientious Objection Is Making Abortion Inaccessible in Croatia," *Human Rights Pulse*, July 12, 2022, <https://www.humanrightspulse.com/mastercontentblog/mass-conscientious-objection-is-making-abortion-inaccessible-in-croatia>.

14 For the case from Serbia, see Jelena Arsenijević, Milena Pavlova, and Wim Groot, "Shortcomings of Maternity Care in Serbia," *Birth: Issues in Perinatal Care* 41, no. 1 (2014): 14–25.

15 For an example from Slovenia, see "After Marriage Equality, Focus Shifts on IVF for Single Women," *The Slovenia Times*, January 31, 2023, <https://sloveniatimes.com/after-marriage-equality-focus-shifts-on-ivf-for-single-women/>.

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Ana Maskalan

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Jasenka Kodrnja
Diary of a Woman in Labor

The medical staff of the modernly equipped department of a distinguished hospital in Zagreb made several mistakes and oversights during one birth, for which the new mother is suffering the consequences even today. The case that she has described in great detail opens up many ethical, professional, and social questions, and suggests that the doctor-patient relationship has turned into a relationship in which one party wields its power over the one that seeks help. Is this the rule or the exception?

The matter that I will describe is not the outcome of any premeditated observation or experiment. I was going to be a mother, to give birth. In these situations, one feels the weight of responsibility and a hidden desire to escape the natural predestination to reproduce, which in a way makes us equal to all other living things. But only a woman can say: "I want to do it" or "I don't want to do it," so the natural act of human reproduction becomes more and more an issue of choice. The rest is an issue of technology, biology, and medicine.

When I decided to keep the baby, I tried to carry out that duty as best as I could. I began collecting literature on pregnancy, delivery, and childrearing. I got my hands on and read one, two, three, four books. The books that I read were from the genre of popular science, but were sufficiently informative on the development of a baby in the mother's womb, the changes that take place in the mother, and they included basic practical instructions on behavior during pregnancy, labor, and following childbirth. In my case, there were also some "aggravating" circumstances: I am thirty-five, which can make pregnancy and delivery more difficult; at the beginning of my pregnancy, the baby was accidentally exposed to radiation when I did an x-ray of my lungs; my Rhesus factor is negative. Those were the circumstances, however, that had to be kept in mind, and to be heeded. But very quickly it became clear that it should not be a reason for concern. Regular ultrasounds showed that the baby was developing normally, and my "age" did not at all interfere with my everyday activities. What is more is that I felt wonderful. I would often look at my body in the mirror, getting round and big: my belly grew larger and more beautiful. In the fourth month, the baby

began to move. I became more aware of the feeling that I'm a human being that reproduces.

Then came the question of choosing a physician and finding a hospital where I would deliver the baby. Some of my colleagues mentioned a hospital in Zagreb where, people say, the obstetrics and gynecology department functions smoothly. I started going to regular monthly check-ups with a well-known specialist at that hospital and classes for mental and physical fitness for pregnant women once a week. Check-ups were really short, two or three minutes, but, given that everything was fine, it didn't bother me. I wasn't paying too much attention to all the talk about labor "incidents" (the result of doctors' mistakes). Since I took my pregnancy seriously and took the proper steps during the pregnancy, I believed that nothing bad would happen.

On the night of July 5, 1981 (it was a Sunday), I began feeling pressure in my lower abdomen. I didn't sleep the whole night, but not because of the pain (the pressure, although, gradually intensified, still was not painful), but out of excitement. Around five o'clock in the morning, I started getting ready to go the hospital. I felt wonderful, confident in my state of health, curious, and impatient. I was familiar with all of the phases of birth and the proper behavior of an expectant mother, breathing in particular.

I arrived to the hospital right at seven o'clock in the morning on July 6, together with the father of the future baby, in the waiting room of the maternity ward of that Zagreb hospital. Another married couple was already there waiting. From seven to eight o'clock the reception area was empty. I wasn't feeling any pain, so that hour went by pretty fast. Sometime after 8, after a group of people in white robes arrived, the physician who did my check-ups called me in. He confirmed that the birthing process had begun, but I wasn't dilated enough (only two centimeters), so he would—if I didn't want to go home temporarily and wait to dilate—induce labor. "No need for delays, I want to give birth as soon as possible," I replied quickly.

Then the intake process began: date of birth, the names of my parents, prior illnesses, wedding date (?!), and lots of other pieces of information; detailed registration took at least twenty minutes. My physician didn't even have the time to come and check on me, let alone talk to me, or comment on some information, particularly the kind that could eventually make labor more difficult. That is how the hospital staff took me in; labor had formally begun.

The predelivery room seemed nice, clean, and freshly painted. It had five or six beds. Two women were already laying down there. One was getting liquids for prevention of premature labor, and the other was getting an IV (a hormone concoction that induces labor and is given through an infusion). In today's modern maternity wards, an IV is more often used for inducing labor. After the regular preparations, they gave me an IV, too.

Around 9:30 in the morning, the doctor on duty broke my water as well as the water of the woman lying in the bed next to mine. The doctor checked our dilation and wrote the information on a medical chart hanging from the end of the bed. A device held against my stomach used rhythmic signals to register what was happening in the uterus. They also gave us a sedative injection. The doctor left and didn't come back until noon. The contractions were quite mild. During my contractions, I was doing the kind of breathing appropriate for the first phase of labor—similar to a dog's pant. That kind of breathing helps the baby get more oxygen, and a focused mother in labor forgets the pain entirely that way. I was feeling fresh and well-rested. Between the contractions, I chatted with the woman in labor next to me.

Around noon, the doctor on duty came, checked us using his hand and a device and left. The doctor on duty who cared for us up until that point was replaced with another one in the afternoon.

Around one o'clock in the afternoon, I became impatient. The pains were getting more and more intense, and there was no one in the predelivery room, there were no doctors or nurses. In the books I read, it says that the doctor and midwife visit the mother frequently during labor. "Don't worry one bit: You will have a bell in your hand, and if the cramps worsen and start to become more frequent, you can call the nurse immediately. Someone will come to check on you." (From the book "*Vaše dete i vi* [Your Child and You]," BIGZ, Belgrade, 1979, p. 46).¹⁶ Here, there was no bell, and over the span of four hours, they only checked on me twice. I called the nurse. I explained that my pains had gotten worse and that I would like the doctor to examine me.

"The doctor is in the delivery room, he's busy," she replied.

Until two o'clock, time passed slowly. The contractions were becoming longer and more painful, and the intervals shorter. Shallow breathing was no longer helping.

Around two o'clock, it became unbearable. It was as if I had turned into pain itself. I lost control. I started yelling. The intervals between contractions were magnificent oases that I longed for. During those intervals, I was rested, fresh, and fully aware of what was happening to me. Through contractions that became long (longer than a minute) and strong, I figured that the second phase of labor has begun: delivery of the baby. This is a dramatic phase of labor because the baby goes through a narrow birthing canal. Now the presence of a professional who could help in different ways was definitely needed. If that phase lasts too long, it could be dangerous and lead to complications for the mother and the baby.

¹⁶ Editor's note: This was a Serbo-Croatian translation of the co-authored *The Baby Book*, issued in numerous editions by the American publisher Better Homes and Gardens from the 1950s until the late 1990s.

I started calling the nurse and the doctor to check me and take me to the delivery room.

The doctor came. He advised me to calm down because I was disturbing others. I begged him to check me. He didn't; he said that I was not dilated enough yet and left. I was left alone, aware that anything could happen. I was thinking. In that phase, the mother needs assistance; "pressing" helps accelerate delivery of the baby. I stopped with the breathing needed for the first phase, since it no longer helped. Should I start pushing on my own? If I decide to and don't have enough strength to do it on my own, I could suffocate the baby. What to do? The handbooks say that childbirth is performed under the normal care of a professional staff. It doesn't say anywhere what has to be done if that care is not available. Should I try to give birth on my own? I didn't know anything about that. I was helpless.

Sometime after three o'clock, two doctors came. They didn't examine me. One fastened electrodes from a machine to my back, which he said lessens the pain and stimulates contractions. The other one left and came back again. Finally, he examined me. With that machine and the IV, the nurse and doctor took me to the delivery room.

The pain didn't let up now. When I laid down on the gynecologist's table in the delivery room, the baby's head was already on its way out of the birth canal; the nurse actually said that she saw the baby's hair. Finally, I began pushing. I delivered in a few minutes. It was 3:30. The only help the doctor gave during childbirth was an episiotomy (an incision done with scissors at the base of the birth canal and perineum, performed during most births to avoid an abnormal tear that is hard to stitch). I watched the baby come out: she flew like a colorful ball of yarn. Then I put my head down. I felt a big relief. The pain totally disappeared. I was peaceful and content.

Shortly after birth, the midwife pulled the placenta by the umbilical cord. They gave me a clean baby. A girl—what I wanted. Her hands and feet were blue. "Is she healthy?" I asked anxiously. "Yes," they replied. Later, in the discharge summary I read: "Apgar 7" which means that her overall state was not so good, that childbirth was hard on her. (Apgar is a test that evaluates the following characteristics of the newborn: heartbeat, breathing, muscle tone, reflexes, and skin color. Newborns with 10 points are normal, 6–9 are at risk, and 5 and below are in immediate danger of death.)¹⁷

The doctor and the midwife moved to another woman in labor in the cubicle next to mine. They were doing something there. After that they left the delivery room. I was left partly naked with my robe raised. My whole body was shaking

17 Editor's note: The Apgar score was invented by Virginia Apgar (1909–1974), an American physician, obstetrical anesthesiologist and medical researcher.

from the shivers that often occur after birth as a result of hard physical labor. The fourth and final phase of birth was performed. The main part was over, the baby was born alive. In the book that I mentioned earlier it says: "The first hour and a half following birth is very important to your future health. During that time doctors and nurses will provide special attention. It might bother you when they massage your stomach vigorously and perform certain examinations. But that is all important, especially in order to prevent subsequent hemorrhage." The staff returned approximately an hour later. The doctor stitched up the incision made during the episiotomy and that was it. No examination or massage.

They put me in a wheelchair and took me to a room where women who had given birth stayed. Another neat, clean room with six beds and two extra ones. Women were chatting over music coming from a transistor radio.

After some time, I felt wet sheets under me. I asked the other women how much they bled. "Not that much," they replied. A few times women from the room called for nurses. The nurse that came changed my bedsheet and pressed my stomach. Then after some time, another two nurses did the same. Then someone said that they should call the doctor, and someone else said to wait for the doctor to make the rounds. They didn't wait for the doctor to make the rounds but instead they wheeled me to the delivery room. It was late in the afternoon, almost evening, sometime between six and seven o'clock. A man in a white coat told me that I would be getting an anesthetic and that I would be unconscious for a period of time.

Waking up felt unreal; like hallucinogens are described in literature. My consciousness returned gradually and faintly. Then I remembered that I'd given birth.

"Where am I?" I asked.

"In the delivery room."

"But I already gave birth."

"You were bleeding," I was told.

"How is my baby?"

"She is well," a patient voice replied over and over again.

A large wall clock read 11:15. It was nighttime. "What day is it?" I asked. "Monday." Then everything came back to me. The transfusion needle was still sticking out of my right arm.

Around midnight they took me to the predelivery room. Several women were laying there. As time passed, one woman's pains became more intense. There wasn't any medical staff around for about three hours. Then the doctor examined the women. To the question of what had happened to me, I received a vague answer. "A certain rupture..." I didn't hear the last part of the response, it was as if he muttered something to himself. The doctor then did not show up again for about three hours, until six in the morning. I didn't sleep all night. In the meantime, I spoke with the woman who was lying in the bed next to me who had also given birth.

The morning went by slowly. Sometime before noon they took me to the room where I was staying before.

Life in the hospital has its daily routine, the time is filled with necessary activities. At five in the morning, the women get up, change their sheets (you get clean sheets and a robe every day) and shower, but you wait in line for an hour for the shower since there is only one for about thirty or forty women. It's very tiring, especially for those who are feeling weak. Women have solidarity, so they help one another. At six o'clock they bring the babies, then the doctor's rounds are made, and then breakfast. The babies are brought back every three hours.

At four o'clock in the afternoon, the visitors come. Because visitors are forbidden to enter the space where the mothers are, conversations take place through a small window, and that's a few people on either side at the same time. Because it's crowded, some talk through the windows of the hallway or the bathroom, which the nurses try to prevent unsuccessfully.

The doctor's visits should have a special significance. But they are very short: the morning visit is a few minutes long, and the evening one not even that long. The evening doctor just comes in and out of the room. For the morning visit, doctors prescribe medicine and injections; generally, they don't speak to the women. To the questions that I asked about the poorly stitched seam and the injection given to Rhesus-negative women, once I didn't get a response, and the other time the response was rude. In general, women neither ask questions nor request anything.

During my stay at the hospital, no one asked me how I was, nor did I notice any of the other women being asked this question.

On the fifth day, before returning home, the woman pediatric physician gives basic instructions on caring for the baby. Then you receive your discharge summary. In mine, among other things, it wrote: "Very heavy bleeding following birth. Suspicious placenta. The uterine cavity has been examined by hand. Sewing of the cervix and episiotomy. The usual course of events that follows labor." (Translation from the Latin.)

Right before I went home, I used the telephone at the front desk. I asked the nurse if that is something you have to pay for. "No," she said. "You'll be paying for all of that," added the physician who happened to be there and should have known my condition well since he was a regular member of the doctor's rounds. I looked at him with shock, and just after that it became clear that I had "paid" dearly for certain medical procedures.

No one explained to me why I bled and what kind of surgery was performed, but the incision from the episiotomy was poorly sewn up, so that the wound did not heal. Following my return home, I decided to consult with some physicians.

The first thing I did was I visited the doctor at the above-mentioned hospital, whom I used to see for check-ups, but who wasn't present at the birth. He repeated

a vague response, like “Everything’s fine, don’t worry.” A consultation with a few other gynecologists showed something different: the staff that oversaw my delivery made the following mistakes:

- The labor process was not sufficiently and regularly monitored. The labor period of three hours, especially considering that I got an IV, was unacceptably long, which was needlessly exhausting for me and the baby.
- Following birth, the necessary exams weren’t executed, which is why I bled after. (The cervix and placenta weren’t properly examined.)
- The incision made during the episiotomy was done poorly, so one portion of the wound simply remained open. This could have been corrected through a second subsequent stitch, but that wasn’t done.

Today, three months after birth, I still feel pain in the area where the incision was made and I will feel it, according to the doctor’s prognosis, for some time.

A month after my return from the hospital I walked with great difficulty, and I couldn’t sit at all. I was almost always laying down, and that was the time when the baby needed me most.

How is it possible that in a modern maternity ward they could make such “amateur” oversights and mistakes? Examinations of the placenta and cervix are, in fact, among the most simple, necessary, and routine procedures, in the textbook of obstetrics, so that oversights should not occur even for a beginner in the profession. What does it mean to be a modernly equipped delivery room (with all kinds of machines, drips, and the like) if during childbirth the professional staff is not available? How is it possible that only one doctor is on duty in that department? If a whole team is on duty, where is it and what is it doing?

Does the physician-patient relationship—despite being the result of a division of labor, a relationship between a superior and an inferior (between the one who has power over health and life and another who lacks that power but seeks help)—enable the abuse of position and the acquisition of privileges?

Since delivery, I kept asking myself these kinds of questions and similar ones about the relationships between physician and patient, the medical service and society, and society’s attitude toward a woman’s role in biological reproduction.

Every person is once and somehow born. Surely that first encounter with the world is some indication of what kind of world that is.

I imagined the birth of my baby as a joyful act, with which the staff, whose profession it is, would assist. After I gave birth, I felt like I’d been raped; by people I didn’t know, by institutions, and by the circumstances.