

Planning for a New Member of the Family

A Husband's Personal Account
of Pregnancy

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ONE

She's in the bathroom with the door closed. I am waiting patiently in the bedroom. She's used the kit before so there is no fumbling around this time. The procedure is straightforward and the main part is the waiting. Minutes later and she appears with a Cheshire cat grin on her face that I last saw at our wedding. I am told to close my eyes so I play the game. Given the slim white pen-shaped plastic object to hold I am finally allowed to look. There, very small half way across the plastic pen, is the blue cross. Last time it was just a flat line. Nothing. Now it is a subtle cross shape. That one small cross is telling us our lives are going to change forever. We are going to have a baby.

Clearblue predictor says it is 99% accurate. But it is too late for possibilities. Being the one per cent is on a par with the broken condom - margins for error are not planned for and definitely not expected. With the late period and some sickness we are on safe ground. We hold each other tight knowing that we are lucky and fortunate. There was no scientific planning involved and modern life does not cater well for families or family planning. But we feel we have made it. There is no turning back or reverse gears here.

The first stage is to visit the doctor. Being a "he" the doc follows a simple procedure involving the minimal amount of fuss. He is not too emotional, logs the news on the computer, and explains that the midwife does all the work. Once he has used the wheel to work out the due date that's it. A strangely underwhelming non-event.

Visiting the midwife for the first time was also quite underwhelming for me, although there is a strange bonding between the midwife and wife. None of the joyous occasion I expected from our first official visit - in fact quite serious. Being the man I felt the nurse tolerated my presence, an intruder. It's something for women to deal with; men just get in the way. My wife is showered in leaflets and advice with lots of decisions to make - which hospital to use? When to take maternity leave? I keep quiet in case dry humour isn't her thing. Afterwards we agree I should only join her and the midwife when it is necessary.

As we sat there in the darkened room watching our baby do acrobatics without the mother feeling a thing, enjoying what was a momentous occasion seeing our baby alive, with its legs, arms, fast beating heart, the cleaner walked in. She looked at us, looked at the bin, realised she made a mistake and left. So we returned to watch the television screen and gather our thoughts again. Until the cleaner came back with bin bags she had forgotten. The scan department or gynie or whatever is so deeply tucked away at the back of the hospital you could have a baby easily on the way. The baby's head is measured and the nurse suggests that it is in fact two weeks older than what the doc suggested with his wheel. Apart from that it's healthy and so is mum.

When we worked out the approximate conception date we realised that the labyrinthitis my wife suffered from for a good couple of months was to all intents and purposes triggered by this. So debilitating was it that my wife was sick, unable to move and extremely tired. It hid all the possible symptoms of morning sickness. It certainly caught us out. However, the suggestion from the first scan that baby may in fact be two weeks older did question our theory. On balance we trust the wheel over the size of the head method. It suits our own judgement better.

The "going public" stage is planned for after the first scan when we know we are on safe ground and there is the photograph of the blob to show people. People like photos to coo at. It is a focus of attention. Women screech and say how wonderful it is, men nod and say things like "well done" as if I have achieved a certain level of manhood, a club.

Food has become a topical subject. A new discipline has taken hold meaning that tasty food equals bad (unless there is uncontrollable urge for chocolate). Out goes spicy food such as curry - the mere smell is too overwhelming. In comes bland food like mash. Just mash; easy on the butter and no cheese. Strong tasting good food is not welcome either so even healthy olives are off limits.

The diet takes a new twist as grazing through the day is compulsory to feed the hunger. Evening meals are downgrading due to all day grazing washed down with lime juice diluted in water. Alcohol is not even on the radar. Guinness was tried for its iron but the taste for alcohol has vanished. When it comes to dining out we cut out the three local Indian restaurants and look farther afield to Italian and Spanish. The diet jumps from egg and beans to pasta and fish depending on what the taste buds are up and the need not to stray too far away from healthy food.

There is the occasional scare usually in the form of severe stomach pain caused by over-exercise or too long in the sauna. Exercise is an important part of my wife's life and is not going to be given up lightly. So a maternity fitness regime has been fitted in comprising of light exercise and swimming.

A visit to Bournemouth for one night on our wedding anniversary is split up into shopping for suitable clothes punctuated with many rests, toilet breaks and drinks, and ending with flopping at the end of the day. She is generally tired every evening. Too tired to leave the room we order dinner to come to us. An hour later it arrives, half an hour later than planned. I would not have minded except I made the mistake of ordering my beer with it when I should have gone to the bar. But the food at the Chine is worth waiting for and the sunset from the bedroom window is romantic.

TWO

After dismissing "shed" as a possible name for the baby (the shed was put up around the time of the conception), and agreeing that "Bob" (from Blackadder) should be no more than a fun decoy when people ask, there remain the bare facts that we have declined to know the gender of the baby. Names are discussed with suitable first names that play well with a middle name and have relevance to our families.

There are lots of discussions to be had: arranging a childminder (luckily we have one in mind who is interested), trading in the second car for something child friendly, flexible working is a near certainty for me as I work locally. The cats' domination of the house is going to come to an end but they survived the recent weekender with the two teenagers, a four year old obsessed with cats' tails and continuously gurgling baby. We hope they do not move out.

One of the things about discovering you are going to have your first child is how it can single-handedly destroy all your previous plans. The grand holiday to a far away country involving lots of safaris, jabs and never-before-seen dishes, had to be cancelled - for all those reasons. Bringing the holiday forward because of the pregnancy presented a new challenge in that most of our choices were booked up. A lot of time and effort was then poured into considering lots and lots of other previously unconsidered destinations in a somewhat vain effort to save the deposit. Whole continents were dismissed based on previous visits by only one of us. Eventually Dubai and Mauritius were chosen. Shopping slipped in there somehow, followed by a well-earned rest on a beach without jabs or serious restrictions for a pregnant woman.

Once a holiday was agreed - or compromised upon - we then had to contact the company - Virgin - to book it. There is only one way to describe Virgin's phone service: diabolical. 45 minutes waiting for someone to pick up the phone is totally unacceptable. Some things cannot be left to email. On one occasion I was given a specific number for a financial question the call was answered immediately. However, I was made to wait about 15 minutes, transferred to another operator without explanation or introduction. Again, this amateurish service was unacceptable. Referring to the above call, I was then informed that even though I had initiated the booking on Virgin's system the operator refused to assist as it was without agreement in my wife's name. Whilst I am familiar with the rationale behind this, it flies in the face of common sense when it was I who Virgin had formally accepted the original booking from. Again, this proved a waste of time and effort. That still left the agony of another chase up call to check it had actually been booked and a letter responding to a final demand for the previously cancelled holiday. Who's working for whom?

The fluttering has started. They are high up in the belly and a new phenomenon. Firstly, just once every day or two but now every few hours.

She is finding them distracting but getting used to them. We are debating which way to sleep as sleeping on your back while pregnant is apparently unwise and are being taken seriously. There is concern about cutting off the blood supply to the baby. Exercising on her back is off the agenda. This sounds sensible to me. However, not sleeping on her back leads to backache. A quick check with the NHS manual states it is ok until much closer to the time. Sleeping on her left side is best but on her belly is okay too whilst it is comfortable. There is a triangular pillow available to help sleep on her side. The diet conundrum becomes more of a debate as prawns are now barred. Beans and mash are on the hotlist but pies, pasta (no herbs) and vegetables are also welcome. As the belly grows the need for more clothes continues apace. Catalogues have appeared from nowhere. Fashionable clothes are important. Conversations with friends about childminding and nurseries raise the financial horror of it all. Plans around flexibility begin to look like a major military operation.

Emma's diary - a booklet for pregnant women in the style of a diary - proves to be quite accurate. This week the baby should be kicking and, at twelve cms, this should be felt. That much is true. It informs us that next week the baby starts sucking its thumb. Not that we will be stop that habit just yet.

On holiday brings some perks and not a few anxieties. Being pregnant my wife was allowed a free ride on one of those golf carts at Dubai - until we noticed any passer-by was jumping on - that would not be allowed at Heathrow.

Flying threw up matters of being sat back in the aircraft seat for hours and how the baby lay. Breathing became difficult at times with feelings of light headedness. An occasional walk was necessary. The airline staff were helpful with extra pillows. One of the radio stations through the headphones provided a relaxation session with suitable music.

We took mealtimes slowly as it has become difficult for her to eat what can be quite large meals on holiday. On occasion at the Mauritius all inclusive evening dinner was table d'hote and the waiters were keen to keep the meals coming. As my wife does not eat red meat this limits the choice somewhat. Shellfish is not advisable during pregnancy, nor is soft cheese unless really bubbling.

Getting on the plane back caused a problem as we were split up and questions were asked about how many weeks my wife was pregnant and did she has proof.

The backache is getting more regular.

THREE

Back at work

My wife is now over half way through her pregnancy and rapidly running out of clothes that both fit and are comfortable over a day. Luckily her friends have lent her clothes to give her options. Although we were away only for less than two weeks her staff was quite surprised at how much she has grown.

Breathing problems are also occurring during driving. This is managed through controlled breathing and convincing herself not to panic. We agreed it was time to see an osteopath and get the posture right for the baby's position. Also with backache the osteopath can give her some advice there too. But the V-shaped pillow is proving good value for money and follows her around the country.

Bad news today: my wife's staff has told her to stop eating egg mayonnaise which was a regular and enjoyable part of her diet - another limitation to what she can eat.

It has been 23 weeks and time for the second visit to the hospital for the scan. The hospital is to be moved and combined with another on a new site. There is nothing different about it to any other - a hive of corridors divided into differently coloured zones, the further you wander in the direction signs give you new possibilities and the Exit is lost. Memory gets us to Ultrasound and we join the other mothers to be. Soon we are in and the warm blue gel is applied to the stomach. A trainee nurse has a play for a couple of minutes and is struggling to identify anything just like us. The nurse arrives and we are taken on an X-ray tour of the human body: bones, beating heart, kidneys, diaphragm, and finally, a picture of most of the baby. No surprises apart from the hiccups. It gets a clean bill of health.

FOUR

As we prepare for Christmas we note the changes this time around: my wife cannot drink alcohol and does not like the taste of it so I am now drinking for two. But the upside of it is that she can drive and I can drink. My Xmas shopping list includes clothes for her that need to be just one size bigger so that they can still be worn after the baby is born. My sister donates many clothes she has from having a boy and girl herself, some unused or hardly used. We take them home and fill a wardrobe. We are also given a pram and baby listener. Having family who have already been down this road is priceless. Obviously some of the clothes will not be used depending on the sex of our baby. I have yet to meet one

Eight weeks to go and the amount of clothes she can still fit into and still feel vaguely comfortable are diminishing so she has taken to wearing my T-shirts and jumpers.

The Aviator is on at the cinema and she wants to go. As we walk to our seats in the middle of the row she does her very best not to thwack the other seated people with her belly. It is only half way through the movie and she starts head butt me. The film is three hours long and the auditorium is full. I get into the film; Di Caprio plays one of his more mature considered roles. But she is too uncomfortable to concentrate and enjoy the movie. We agree that we should not do it again before the birth.

She comes home after an evening meeting. The toil of the day at work with its stresses followed by preparing for and running an evening meeting is too much. After tears and the anguish of feeling unable to cope is the realisation that she cannot do everything she used to even if twelve hour plus working days. Devotion to work is difficult to realise and the men at the meeting still expect it. A cocky comment from one man is quickly shot down but not without a put down about it being down to her hormones.

The increasing size of the belly is also affecting her sleeping pattern.

FIVE

There is a growing problem with the rash and a pain in the stomach. The doctor sends my wife straight to the hospital for tests. I join her and spend a couple of hours offering my reassuring presence while she is hooked up to this booming listening machine. Every time the baby moves it sounds as if someone has swallowed a microphone. The baby is active but soon nods off. The nurse says the baby is healthy, has long legs, a big head and is in the wrong position. We both fight to claim genetic dominance of the brains but can't attribute long legs as easily. The pain in the side of her stomach is the baby in a horizontal position and actively kicking. The doctor feels the baby should have turned fully by now and discusses possible outcomes of this nearer the time. It becomes a waiting game.

Staying in hospital is the worst nightmare for my wife who has a pathological fear of doctors that normal people have (or at least my sister did) with a dentist wrenching out your teeth when we were young. My wife is told to stay in for no real benefit other than to be there for the test results in the morning (which are fine but she has to come back next week for more). I frantically arrange help with friends so I can return my wife's car back home and then jump back in to mine to go back to hospital. In the rush I fail miserably at collecting gear for her overnight bag - contact lens lotion, towel etc. The only other woman on the ward is sore and tearful from too many attempts to induce a late baby. We don't want to be there.

I return in the morning to collect her. The ward is full of women with anonymous various roles in the ward, one of them appears to be the chill out gall. Life is a breeze even if you are having a baby, apparently. My wife returns straight back to work.

SIX

Childminder

Our first trip to the childminder was productive. The childminder is registered with Surrey County Council and presented a portfolio of courses, attended, inspections done, testimonials and various documentation required to achieve registration. Most of which made common sense but having to draw a diagram of the ground floor of your own house to show where the front and back door is - even though I can see them - seemed far fetched. The inspection was a massive feat of detailed monitoring for what is a hugely valued albeit straightforward profession. You expect to trust a childminder to look after your baby like your mother would. But why this has to be translated into a lengthy overly-prescriptive essay I can't understand. The childminder is, like childminders are, an adoring naturally gifted mother at heart. I find she hits all the right buttons and over time (but not straight away) will become a friend. She knows how we feel and allows us to be cautious. My wife finds her a little over-bearing but I think that comes with the territory until you know them. We give it a week and then return knowing that she is the one - our baby will be safe in her hands and professionally cared for.

SEVEN

Parentcraft

To some I hear parentcraft courses are there to ensure we all have the same basic level of common sense, just in case one of us does not. The room is over-full which is a good sign that parents-to-be want to give their children their best and turn up by choice. For us, in our late thirties, I am surprised at how many of the group (over twenty of us) are nearer our age rather than in their twenties - or do younger would-be parents shun this kind of thing?

The first session involves trying out a few exercises in relaxing the woman and helping the baby get into position - something to try at home later. We need a large blow up exercise ball apparently. The TENS electronic muscle relaxation equipment comes out but is only available for hire - how do you plan these things?

EIGHT

The second session starts with an exercise of laying out a series of cards in an order for which we think they reflect the run up to the birth: panic, continuous contractions. There are three groups, two of which are women but the men's group comes the closest (we are the most surprised) to what generally happens. Nobody got the scrambled eggs right though - that comes at the beginning before hospital as the woman will not be fed (and will not want hospital food if she has already tried it) in hospital. Some of the women are openly fearful of what is before them.

Five weeks to go and a full night's sleep is now out of the question. A nurse informs her that it is baby's way of preparing her for feeding in the middle of the night every night.

Four weeks to go. My wife is uncomfortable every waking minute now. She is sat up then lying down. No difference. What's left is the sitting over the stool - she needs one of those 'blow up' balls from Boots that she can lean over - another useful idea from the ParentCraft classes.

Week 3 of ParentCraft

Numbers of attendees is still high. This week begins with a lengthy discussion of pain and the pain relief for labour that is available. A fearsome cloud descends over the class as the midwife does not hold back on the pain women can expect and how an epidural will obliterate it. The downside is not being able to push and help the baby come out.

The other pain relief mentioned pethidine which seems to have the purpose of numbing the head but was not popular in the group as one would not be able to comprehend what is going on. This left the old favourite gas and air. There was a very brief discussion of a birth plan but was left to the individual mothers to discuss with their midwives. A shame - there was a missed opportunity to involve partners. I had not heard of vitamin K until this session. The tutor briefly mentioned the option of the baby taking it orally rather than by syringe but this is less effective.

The final subject matter was breastfeeding. There was a joint exercise on its pluses and minuses - it is great for men as they do not have to get up in the middle of the night (unless woman expresses) but seriously all class were pro-breastfeeding - or no woman chose to opt out in a group situation.

I have been contacting all the companies I can think of for freebies - first to turn up with goody was SMA with a helpful calendar on what to do in the final four weeks and then for the first few months of the baby's life complete with his and hers.

Visit to the ante-natal ward - eerily quiet. Where are the screaming babies?

This is the final session of the four ParentCraft classes.

We end with a few more relaxation techniques - our tutor makes a point of telling us that relaxation is critical to helping the mother give a less painful birth. She also qualifies that by reminding us that birth is an extremely painful experience.

There are a couple of videos about changing nappies and bathing the baby - nothing too patronising with the emphasis on common sense. There is a final round up of need to know information including the baby's hearing screen which is important to us as I have had hearing problems as a child, baby jaundice which may occur at first but should disappear afterwards as the baby puts on weight, and loss of weight early on, again we are reassured this is normal until the baby adjusts to its new world. The session ends with an opportunity to watch a real birth. Some stay behind but we go home to rest instead. We enjoyed all four classes and learned something throughout.

NINE

The weekend is hard on my wife with her working for twelve hours on the Saturday and a night away from home. She takes Monday off although the pressure of work is always there. A return to swimming on Tuesday revives here.

The signs of the impending day draw closer as the baby has started to drop. Almost every other day it is easing her breathing and enabling her to sleep more easily. Still, a few days beforehand I sleep in another room to give her more space. Sleep, for a while, had become difficult due to the inability to become comfortable and need to stretch and turn throughout the night. Once when the baby was awake we quickly tap all around the stomach which the baby playfully responds to by gently kicking back.

The baby is very big now and can be uncomfortable when it kicks or just sticks a leg out. Watching it move around in my wife's stomach is strange. Her diet is changing as she finds it easier to eat spicier food, drink tea etc. Drinking soft drinks with caffeine such as Coke invites discussions on if it causes the baby to become more active.

The visit to the midwife, probably the final one, is generally all clear. All the health signs for mother and baby are positive. Aches and pains from carrying a huge lump and changes to the body are all normal. Whilst the baby is facing in the right direction it has still not engaged. There are two weeks to wait still and it feels like the lull before the storm. All the preparation that can be done is done. The lists have been read and checked. The bags for mother, baby, and father are packed. The baby room is ready and stocked. The freezer is stocked. We wait for the contractions to begin now.

TEN

The day after the visit to the midwife the baby begins to engage. This brings with it the restrictive groin pain. It's a positive sign with less than two weeks to go but it makes my wife quality of life a little bit for the worse. A full night's sleep is now hard to hold on to. More than once she has given up and gone downstairs to watch a film. But this impacts on the rest of the day. The best cure remains swimming but this is not always possible and some days are hard to get going at all for her.

The nesting instinct finally kicks in with just a week to go. She admits she can no longer fight it. Now the baby room has been painted, she wants all the other rooms painted - they look bare and bland in magnolia. The kitchen is scrubbed and the cat food bowls are used with kitchen towels to keep the carpet clean. Another sleepless night and the ironing is done at 5am in the morning.

ELEVEN

A week later

A week of waiting

Today is the official due date

Nothing to report

In response to this my wife now rests more. She gets up later and comes home earlier. Two bags - one for baby and one for herself - follow her to work and back. Her boss refuses to speak to her since she refuses to take maternity leave - but the leave is too precious to waste and she can still work, albeit partly from home. A full day's work can really take its toll. At the end of the day if she has overworked she can be very emotional without clearly understanding why - just tearful for no reason.

Everyone asks me if there is any news and I playfully suggest next week. Her own calculation from when her last period was suggests that the doctor's due date clashes with it. So we reckon there is another week to play with. Still, baby is very big now and brings her to a halt every time it kicks or has hiccups. There is little space to move and it is taking its toll. She finds sleep difficult for a full night and occasionally gives up in the early hours and retires downstairs. Swimming has been knocked on the head but if she is not up and moving then it is hard to get into the day.

The nesting instinct is in full sway: up at 8am cleaning the kitchen, emptying out draws, setting new rules. For me it is a little like seeing a new side of her. She knows it's not quite normal but cannot fight it. It can go to extremes and I have to stand back if she wants something a certain way.

TWELVE

Everyone asks if we are having a boy or a girl. I reply that as a man I of course want an heir but it is a quite flippant remark. There is an article in last week's Observer about parents who have only one child. The writer - a woman - is quite rude about her male partner as if he exists only in the background. Is it selfish to want only one? The article is all over the place but quite strong on demanding that a single child is a right and not going to affect a child's upbringing. I ask a woman at work who currently has only one child and she cannot bear to see her child play on their own.

It's Sunday and she needs to get out and moving around. We go into Windsor and venture into Daniels Department store. Another tell-tale sign of the coming birth is that she does not like being left alone. A little vulnerability has crept in which can be displayed as affection too.

I go out to fill up her car with petrol. Just in case she needs to dash back tomorrow. People point out how calm I am. Not any more. I know at any given moment the contractions will happen and it will kick off. I will be entering unknown territory and all the courses I have attended and all the advice I have been given will become just that words. As a friend said the other day, I will be joining the club. Every time she is in pain - which is often now - I stop and wait. But it is the baby moving, but there is now nowhere to move. A woman at work reminds I know when the contractions have started - the pain will be phenomenal.

THIRTEEN

The day after due date my wife asks me to check what the early signs of labour are. A quick google brings up the three obvious ones: the "show", contractions and the waters breaking (but not always). Another check brings up a much earlier list of symptoms: headaches, diarrhoea, vomiting, and 'flu. My wife also has had the 'unusual urge to tidy or decorate' for a week now. Not on that list but ever present are the pains in the hips. There have been no mock contractions (Braxton Hicks) yet.

The love and affection my wife shows for the baby in her belly is a joy to watch. As baby moves around she gladly talks to it showing care and love. The belly still appears to be growing to me, even now as wait for the day. It really looks too big to get out - it has to hurt. It easily gets in the way when walk past each other, but a little jab will cause the baby to kick back. People forget that the belly is attached to Mandy and go right in and pat away, as if it public property.

Every day creeps by. My wife is finding it hard to sit down for dinner, to watch a movie from the sofa, but is sleeping better at night now. She finds working part of the day from home helps to take some of the stress of the day off her. There is a midwife's appointment today - when will they set a deadline for inducing the baby?

FOURTEEN

It's nearly a week after the official due date decided by the hospital nurses based on the scans and the size of the baby. We agree with the midwife that the original date is wrong and it is more likely to be a week later based on calculations using her monthly cycle. Nevertheless, the pineapple and curry have had no real effect. The symptoms including thigh ache have not developed. In fact, the strong urge of the nesting instinct seems to have subsided.

Today, she admits to throwing up a drink in the middle of the night (another telling sign) - after a few restful nights she is back up again in the middle of the night watching drivel on the telly. She also starts cleaning up the house again. With stomach pains now around for the last twenty four hours, and what maybe a few Braxton Hicks - we may actually be edging closer to the day. We joke about Monday not being a good day to give birth - I have a game of squash and my leave is now booked for Tuesday and Wednesday (I have to take it).

FIFTEEN

Midwife

It's a day before the revised due date and I join my wife for my second visit to the midwife. A decision has to be made hence my presence. The student midwife is eager and informative but overdoes it when she opens the blind blocking my view of my own wife on the examination bed. The experienced midwife draws it back reminding everyone that I was there at the beginning and I will be there on the day.

Despite all the existing signs the only new information is that the baby has dropped - but not a lot. The cervix has not softened and the baby would rather do flips than engage. My wife's reported signs change from day to day. I feel as if I have drifted for so long waiting for the baby I have entered a slumber from which I will be woken with an almighty shock.

Experienced midwife suggests a date ten days from revised due date which happens to be a Saturday. That is as late as it can be left but not too soon as to induce the baby too early. I concur, Saturday means I don't have to take a day off work but that's a bonus - they laugh. So there it is. Baby by appointment, assuming it does not make a bid for freedom earlier than that. All the excitement of the phone call saying "this is it, I have had a contraction" now looks bleak. But at least the waiting game is over. My wife goes back to work.

It's the start of the weekend and the baby is now a few day's overdue - and that's official this time. Friday is the last day in my job and a few guys from the office are joining me for dinner down the road at Francesco's for a little pasta and pizza. As we are drinking my wife warns if she goes in to labour and I don't answer my mobile (which happens) she is going without me. She's serious this time. I give the number of the mobile for my friend Bo who is coming along and I can rely on to answer his phone. It is now getting to the stage where I don't want to drink for fear of turning up at the maternity smelling rather obviously of booze.

Saturday arrives and at first we reckon it is just another day but then the pains arrive. These are new in that they can last up to twenty seconds and reoccur. My wife has a growing number of symptoms including lower backache and a general pain deep down in her belly. We go out for the day to give her and the baby a little exercise. We sense the day may arrive before the hospital booking but it is too early to tell.

SIXTEEN

It's Mothering Sunday and my wife is not yet a mother. But to compensate for this I have bought her a handbag with a black and white photograph of three cats ingrained into it, a card from the cats (yes they do make them - as well as cards for Mums to be so we hear) and chocolates and flowers. It cheers her up and prepares her for what comes up. The pains start again but this time they are frequent but not regular. She can now report there has been a 'show'. The pains can last up to 30 seconds and whilst debilitating they do not appear to be full contractions yet. We agree that her days of work appear to be over now.

The small contractions have started Sunday morning. No squash this weekend - last time I played I forgot to take my phone with me to the match and ended up fearing the worst. Our whole day is consumed by the contractions. We count the gap between them to about 5-6 minutes. Whilst they bring her to a stop they are not shockingly painful - it's the latter we are expecting.

The day is spent preparing and monitoring the gaps. Bags have been packed for weeks now and with the car seat they are put by the door. My wife has a bath, a massage, makes the dinner, watches a movie, anything to both relax and keep occupied, which at least kills a few hours.

By mid afternoon she gets nervous and wants me to phone the hospital. It does not feel so final that this must be it but then we have never been here before. I call them but they want to talk to her. They ask us to bear with it until the contractions get a little closer.

By eight o'clock in the evening the gap between the small contractions narrows to 3 minutes and becomes more distracting. Finally the contractions begin. Hurrah. It - labour - is now happening. My wife can now feel the full force of the contraction and we phone the hospital again. They ask us to come in if she is in too much pain. Bags loaded and off we go.

At the hospital we wait 5 minutes before being taken into the labour ward. The midwife prepares my wife on her bed going through her notes. Following an internal examination the midwife told us the cervix was a long way off dilated and we were better off going back home. My wife could wait in another ward but without me. So we headed off back home to see what happened next.

Back home again. The pain was really ramping up now and it was time to apply all the techniques and tricks we had been taught in the parentcraft class. We sat down on the sofa to relax and see if a little television could be a lot distracting. The period-type pain was really hurting as was the backache. We had eaten our dinner earlier to get that out of the way. A little massage but nothing was making beyond the comfort of home and killing time. The contractions were every three minutes now and generally

of the higher order of pain prevented any other meaningful activity so I ran a bath for her and did any other final preparations.

The bath like everything else proved to be of little value and a couple of hours later my wife called time. She was at the point where the frequency of the contractions and the screeching pain had led her to call it a day. We called the hospital knowing this was it whatever that entailed. This time we felt a sense of foreboding, a point of no return, that we had entered a dark tunnel where could not see what was ahead even though we knew there was light at the end of it. Back in her own room at the hospital my wife was again internally examined and informed by the midwife that her cervix had dilated enough to keep her in hospital but there was still a long way to go.

The pain from the contractions had become unbearable for my wife. When offered help the gas and air gave some immediate relief. The process for the epidural was not easy for me to observe. Watching the needle go into the spine looked too much of a risk. by the time the epidural began to take effect my wife had developed a headache from the gas and air was taken off it. She had also lost all feeling in her legs but was clearly relieved.

The day was coming to an end and we watched the monitor count the contractions, their strength and intervals. The readings came up to their peaks and my wife felt nothing. There seemed to be nothing happening too soon which was just as well as I was fading fast. The lights were turned down low and I struggled to read any more.

In one sense it was a long night, uncomfortable, uneventful, and leading one into a false sense of security. I woke up at daylight, although we had both hardly slept, broadly where we had left off. The juice for the epidural had been topped up. The contractions continued without reaching the tipping point. So I seized the moment to freshen up, change clothes, have a depressing school meals style hospital breakfast, and a grab a paper. The hospital shop is run by fussy old ladies from a charity working very much to their own rules, in which customers are a clearly a hindrance, and barely tolerated.

Come eleven O'clock and while all the signs continued to progress we had still not reached the crucial stage. I had made my phone calls, including to my new boss to inform him I would not be in on my first day of work. So I nipped to find a toilet. It took three attempts to find one that was not either broken or occupied. By the time I returned the nurses had decided enough was enough and started to make my wife push. Thank goodness I had not been any later.

SEVENTEEN

So this is it. There was my wife doped up on an epidural pushing with her legs with she could not feel a thing. To be correct, she was pushing from her behind. She could barely feel a contraction so we had to watch the monitor and help her through three red-faced pushes. She could just about push to the point where we could very briefly see the baby's head; and then the wait for the next contraction. This cycle was repeated without much outcome and my wife was moved onto her side to see if this made any difference. She was then moved back onto her back and with her feet strapped up higher than her. It looked more like a form of torture. Other women either side of our room had arrived and screamed the place down with their child birth. And here we were at mid-day all chatting happily, urging my wife on, who can feel barely anything and is frankly running out of energy to keep pushing. It all seemed within my rational sense of understanding, experience and coping.

And then the doctor arrived. Without much said things quickly changed. Somewhere a decision had been made that my wife was tiring and was not going to be able to push the baby out, or that baby was not going any further on its own. From the jovial atmosphere of the two pleasant nurses coaxing my wife on we suddenly moved into action mode. Doctor got on with things. She was a mother herself which was reassuring but her head gently and constantly twitched on its own. It was not half as distracting as shake in her hands. Was she nervous? She certainly did not look it. She went through the motions as if it was just another operation before lunch.

Things moved increasingly quickly. My wife's waters were broken which required a change of sheets. As the nurses swapped over the clean ones more water spilled out over me while I held on to her.

The baby's head was there as my wife continued to push. It was getting harder for her to keep pushing. The nurse explained she was going to be cut and the baby sucked out. My wife could not feel a thing. The nurses had earlier brought a mirror over so that she could see the baby's head as she pushed but it was too exhausting. I continued to hold my wife's hand and support her but the sight of the doctor on her knees between my wife's legs was presenting me with a new experience both shocking if not outright fearful. I had always worked on the premise that my wife would push and baby would then appear. I had seen it as such in a real life recording and that is what we both wanted. So when the knives and other tools of the trade were laid out I was facing something I had not - deliberately and consciously - prepared myself for. I was aware of it, just didn't want to go down that road. But baby was not going to come out on its own accord. Whilst not in full view I watched in horror as the blood spat out when my wife was cut, and then the suction implement was placed on the baby's head. This was necessary, not unnatural and not an emergency situation - but still shocking to the initiated.

Before I could acclimatise myself to the newly formed pool of blood the doctor started pulling hard on the suction implement. I was so glad that was not my head on the end of it because it certainly looked painful.

Throughout all this the nurses continued to coax my wife to push at every contraction, reassure her what a wonderful job she is doing and laugh and joke about the messy business childbirth is. In amongst it all they explained what they were doing and she went along with it.

Before I could catch my breath I noticed the doctor make a second cut, more blood spurt out and a terrific pull on the suction implement as my wife had a final contraction. It was far from easy to absorb.

And then the baby's head appeared. He was crying and out of shape at the back of his head from being sucked out. Looking cold and messy from being in the womb he was not the colour of a baby. My wife was urged to push again to bring out his legs. Here he was: a healthy, screaming boy. He looked to big to have come out of my petite wife. To me this truly was a miracle of nature seen in its true state. Harry was brought up for my wife to take hold of him. She exclaimed true joy at the sight of him and held him close. Finally united, I sat in a state of shock, and with an outpouring of overwhelming happiness to such a level I have never been to before. It was all too much to take in that I could not weep or speak, just be there.

It was about 12.25pm, that Harry William Crossley was born weighing eight and a half pounds. Nearly four weeks later he is beginning to smile. He wants to stand and take in the world around him. The expressions and noises give us an enormous pleasure and it is impossible to imagine life without him.