

2003

All in Due Time: Perspectives on Childbirth from Deaf Parents

RSA Region V Project
College of St. Catherine

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All in Due Time

Perspectives on Childbirth from Deaf Parents—Disc 1

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All In Due Time

Perspectives on Childbirth from Deaf Parents

Disc 1

Featuring:

**Heidi and Jeff Branch
Stacie and Scott Miller
Brandi and Tim Rarus**

A creation of the
COLLEGE OF ST. CATHERINE
in partnership with SLICES, LLC.

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Navigating the CD

You can move through the information on this CD in a variety of ways:

- ✎ Click on the title of any of these pages to go to that page.
- ✎ Open Bookmarks by clicking [HERE](#) or on the tab in the upper left. Use those links to navigate.
- ✎ Click on [Blue Links](#) on the rest of the pages to take you to specified locations.
- ✎ Click on the arrows at the bottom of the page to go forward or backward.
- ✎ Use the arrows on the toolbar at the top of the page.





All in Due Time

Perspectives on Childbirth from Deaf Parents—Disc 1

Using this CD-ROM

Software Installation

If videos do not work, see *Begin* file on the CD. This file as links to the web for free downloading of the Software. You need QuickTime 5 or higher. (Mac OS X also needs Acrobat Reader 5.1 for floating windows to work.)

Video Instructions

Click on the **Title** to see movie. Click on **Large** to play a larger version of the same video file. Click on **QT** to open the video in the QuickTime application. A dialogue box will appear asking for permission which you should allow. If you have the QuickTime Pro application, this allows you to play the video full screen as if from a VCR.

Shortcut Keys:

- ✎ The “esc” button in upper right of keyboard closes movie early.
- ✎ Press Space Bar for Pause/Play.
- ✎ Right arrow (→) on keyboard allows you to play video in slow motion. (Mac: Hold button down. Windows users need to repeatedly tap the key to move from frame to frame.)
- ✎ Click on Control Bar at the bottom of the Movie Window to move to different locations in the video. (Clicking here would move to halfway point of movie.)



This information is on the left hand side of all pages with video links.

Printing

To print pages, select the page range which you want in your print dialogue box and set your printer to landscape perspective. Some of the page will be beyond your printer’s margin. The information in the margin is only useful for navigation on the computer--not necessary for off screen reading.

Troubleshooting

Large link is no different from clicking on the title.

The video files all have a resolution of 480 x 360. By selecting Large, it will play that file in the largest multiple of this which fits on your screen. If your monitor is set at 800 x 600, you will not be able to play the larger version. If your monitor is set at 1024 x 768, it will play the movie full screen. See your computer’s control panel or system preferences to adjust your monitor’s resolution.

Mac OS X: Title and Large links do not work.

Acrobat Reader 5.0 did not support playing movies in floating windows. Acrobat Reader 5.1 fixed this problem. Go to *Begin* file on the CD for a link to download this free program.

When I play the large version of the movie, it is not smooth.

Playing the larger version of the movie requires more processing speed. Try it on a different computer, or use the smaller movie by clicking on the title.

When I open the QuickTime player, the video is not smooth.

Particularly on Windows systems, this option does not always produce clear video quality. Use the Large or Title options to view the video.

For updated support, visit: www.digiterp.com/support.html





All in Due Time

Perspectives on Childbirth from Deaf Parents—Disc 1

Overview of this Project

Childbirth is a universal experience –one that is shared by millions of women around the world, regardless of their country of origin, ethnicity, socio-economic background, sexual orientation, ability, disability or hearing status. And while this event is shared by so many, the birthing process and experience is as unique to the parents as the baby being born.

Health care appointments, including prenatal care, birth, and postnatal care, are some of the most challenging for interpreters. Not only do they demand that the interpreter be technically skilled, highly professional, and ethical but they also must be keenly sensitive to the personal nature of the interaction.

The RSA Region V Project at the College of St. Catherine in partnership with SLICES continues to develop innovative CD ROMs in an effort to help interpreters develop and hone the technical skills needed to interpret in these demanding, personal and potentially life-threatening situations. “To the Heart of the Matter” and “Stomach This!” were our first projects of this nature. We are in the process of releasing two more CDs which offer appointment settings and model interpretations in cardiology and gastroenterology so that interpreters may apply the information learned in the first two CDs to “real life” interactions.

When discussing the plans for this CD addressing the birth experience, we wanted to use the same format as the first two: to present the topic in spoken English by a native English speaker, and in American Sign Language by a native ASL user. The original plan to produce one CD has now become a project with several phases. The first phase is this two CD set featuring the birth experiences of six Deaf couples. The stories they share are rich and represent a variety of factors and complications that occurred before, during and after the births of their

children.

We’d like to extend a special thanks to the parents who so generously shared their experiences with us: Heidi and Jeff Branch, Stacie and Scott Miller, Brandi and Tim Rarus, Melody and Russ Stein, Christine and Roger Kraft, and Egina and Jimmy Beldon. We were touched by their willingness to share details of such a personal experience so that interpreters could learn from their stories. Thank you so much! A special thanks also goes to Ann Marie Mickelson, who generously opened her home to us so we could film these parents in a comfortable environment.

Since the perspectives, goals and language use is often different for the medical personnel involved with a birth, the next phase of this project will include filming various health care providers, including deaf and non-deaf doulas, midwives, doctors and childbirth educators.

This CD has the potential to be used in a variety of ways to develop your knowledge and skills in the realm of interpreting in obstetrics. You will find some ideas on page 6 to start your work with these stories. On page 7 you will find a listing of various internet resources that will help you prepare for your work with this material (and with ob/gyn appointments you may be scheduled to interpret.) Many of these websites offer very clear pictures and explanations of concepts you will find useful.

We are thrilled to offer you these resources and hope you find them helpful as you develop your skills for working with health care providers and parents-to-be.

Staff of the RSA Region V Project





All in Due Time

Perspectives on Childbirth from Deaf Parents—Disc 1

Suggestions for Working with these Texts

Objective: To prepare for interpreting medical appointments related to pregnancy and childbirth.

The following series of activities are designed to support you in achieving the objective above.

1. Do some research on terminology and procedures related to Childbirth.

The following page has suggested resources for developing a better understanding of concepts and processes related to childbirth. There is a wealth of information on the internet, as well as many books, designed to give future parents a better idea of what to expect. These resources can also be of assistance to an interpreter preparing to interpret for situations related to pregnancy and childbirth.

2. Watch the video and analyze use of language to describe terms and processes related to childbirth.

The video from each couple is divided into segments to allow you to watch different portions. Some of the video describes more about the processes of life surrounding childbirth...dealing with accommodations at work or in other arenas of life. Other portions of the video is more focused on the technical processes of birth and dealing with the medical profession. Descriptions underneath the video links give suggestions of topics to look for in each of the video portions. Using these suggestions, watch the video to add to your own ideas about how to talk about childbirth in ASL.

3. Describe certain processes in ASL.

After watching the couples talk about childbirth in ASL, pick certain concepts or processes and describe these in ASL. For example, you may choose to describe a C-section as if you were explaining it to a Deaf friend who was unfamiliar with what happens in that procedure. You may want to videotape yourself so that you can watch your rendition and see how effectively you were able to incorporate the language features demonstrated on the CD.

4. Interpret from ASL to English imagining the setting being a Doctor's appointment asking for past history.

After all of this preparation and analysis, voice interpret the segments with the imagined target audience of a doctor looking for past history related to pregnancy and childbirth.





All in Due Time

Perspectives on Childbirth from Deaf Parents—Disc 1

Suggested Resources for

Preparation and Research on Childbirth

There is an incredible quantity of information on the web about pregnancy and childbirth. In addition to explanations of procedures and conditions, there are all sorts of perspectives about the pros and cons of certain approaches. Click on any blue word to take you to an internet site with information on that topic. The concepts offered here are not comprehensive, but offer a start to what might be encountered in OB/GYN appointments.

1. Understand physical anatomy related to childbirth.

Two options for Diagrams of Female Reproductive Anatomy from the AMA Atlas:

[Non-Pregnant Anatomy](#)

[Anatomy during Pregnancy](#)

2. Understand procedures that might be used during pregnancy, labor and delivery.

A glossary of terms related to child birth.: [Obgyn.net](#)

The following websites offer resources and perspectives on some of the medicines and procedures which might be used during labor and delivery.

[Amniocentesis](#)

[Midwifery](#)

[Analgesia and Anesthesia](#)

[Ultrasound](#)

C-Section:

[Various Perspectives](#)

[Diagrams](#)

Episiotomies:

[Various Perspectives](#)

[Diagrams](#)

3. Understand some of the potential complications in pregnancy and delivery.

[A General Description of Possible Complications](#)

[Birth Defects](#)

[Pre-term Labor](#)

[Bicornuate Uterus](#)

[Breech Presentation](#)

[Ectopic Pregnancy](#)

[Infertility](#)

[Placenta Abruptio](#)

[Placenta Previa](#)

[Preeclampsia/Toxemia](#)

[Miscarriage](#)

4. Go on to the next page and the perspectives on childbirth.





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Perspectives on Childbirth from Deaf Parents—Disc 1

8

Perspectives from

Heidi and Jeff Branch

Playing Movies

Click on
Title
to see movie.

Large
opens larger scale
version of movie.

Click on
QT
to open in QuickTime
Player application.

“*esc*” button
upper right of
keyboard closes
movie window.

Press *Space Bar*
for Pause/Play.

Right arrow (→)
allows you to play
video in slow motion.

Click on control bar
to move to that
point in video.

See [Using this CD](#)
for details.

Meet Heidi

Large

QT

[Summary](#)

Heidi introduces herself and talks about coming from a Deaf family. (0:45)

Meet Jeff

Large

QT

[Summary](#)

Jeff introduces himself and talks about his educational journey. (6:37)

Going to the Hospital for Delivery

Large

QT

[Summary](#)

Heidi and Jeff describe when they knew they had to go to the hospital and the process for delivery. Technical processes discussed include: epidural injection, c-section, and episiotomy. (4:35)

Working with an interpreter

Large

QT

[Summary](#)

Heidi and Jeff describe the process they went through in choosing an interpreter and in having an interpreter as part of the team for their labor and delivery. (6:10)

On a Hearing or Deaf Child

Large

QT

[Summary](#)

Heidi and Jeff talk about their considerations (or lack thereof) on whether their child would be Deaf. (1:57)

Video requires QuickTime 5 or higher. If video doesn't work, be sure you have the appropriate version of QuickTime installed. See *Begin* file for software installation instructions.



All in Due Time

Perspectives on Childbirth from Deaf Parents—Disc 1

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Playing Movies

Click on
Title
to see movie.

Large
opens larger scale
version of movie.

Click on
QT
to open in QuickTime
Player application.

“*esc*” button
upper right of
keyboard closes
movie window.

Press **Space Bar**
for Pause/Play.

Right arrow (→)
allows you to play
video in slow motion.

Click on control bar
to move to that
point in video.

See [Using this CD](#)
for details.

Perspectives from

Stacie and Scott Miller

Meet Stacie

Large

QT

[Summary](#)

Stacie introduces herself and gives a little bit of her background. (0:35)

Meet Scott

Large

QT

[Summary](#)

Scott introduces himself and gives some of his background. (0:42)

How we Met

Large

QT

[Summary](#)

Stacie and Scott explain how they met (and then met again) in a way that brought them together as a couple. (1:22)

Finding Out

Large

QT

[Summary](#)

Scott and Stacie explain the process for discovering that they were pregnant. (1:24)

Difficulties with Pregnancy

Large

QT

[Summary](#)

Stacie and Scott describe the early parts of Stacie’s pregnancy, which included some difficulties. Technical terms include: Ultrasound and Bicornuate Uterus. (3:17)

Video requires QuickTime 5 or higher. If video doesn’t work, be sure you have the appropriate version of QuickTime installed. See *Begin* file for software installation instructions.



All in Due Time

Perspectives on Childbirth from Deaf Parents—Disc 1

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Perspectives from

Stacie and Scott Miller (continued)

Playing Movies

Click on
Title

to see movie.

Large

opens larger scale
version of movie.

Click on
QT

to open in QuickTime
Player application.

“*esc*” button
upper right of
keyboard closes
movie window.

Press **Space Bar**
for Pause/Play.

Right arrow (→)
allows you to play
video in slow motion.

Click on control bar
to move to that
point in video.

See [Using this CD](#)
for details.

The Delivery

Large

QT

[Summary](#)

They describe having a C-Section at 31 1/2 weeks into the pregnancy (as well as Scott’s documenting the procedure on video.) (3:41)

Post-Delivery in NICU

Large

QT

[Summary](#)

This video describes what happened in having a baby born so prematurely and how they dealt with care until they were able to bring their son home. (2:49)

Going Home

Large

QT

[Summary](#)

After all of their trials, Stacie and Scott finally are able to bring their son home. This video tells of their pride in their “miracle baby.” (2:27)

Finding Out to Going Home

Large

QT

[Summary](#)

This video shows, in succession, the previous clips from “Finding Out” to “Going Home.” You can watch this if you want to see a longer section of uninterrupted discourse. (18:02)

Video requires QuickTime 5 or higher. If video doesn’t work, be sure you have the appropriate version of QuickTime installed. See *Begin* file for software installation instructions.



All in Due Time

Perspectives on Childbirth from Deaf Parents—Disc 1

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Perspectives from

Brandi and Tim Rarus

Playing Movies

Click on
Title

to see movie.

Large

opens larger scale
version of movie.

Click on
QT

to open in QuickTime
Player application.

“*esc*” button
upper right of
keyboard closes
movie window.

Press *Space Bar*
for Pause/Play.

Right arrow (→)
allows you to play
video in slow motion.

Click on control bar
to move to that
point in video.

See [Using this CD](#)
for details.

Meet Brandi

Brandi introduces herself (1:19)

Large

QT

[Summary](#)

Meet Tim

Tim introduces himself. (0:37)

Large

QT

[Summary](#)

First Child

Brandi describes their journey of becoming pregnant and delivering their first child. Technical processes include: in vitro fertilization; pre-mature labor; epidural injection; cervical dilation. (3:41)

Large

QT

[Summary](#)

Second Child

Brandi describes their second birth which included induction of labor through IV(1:30)

Large

QT

[Summary](#)

Video requires QuickTime 5 or higher. If video doesn't work, be sure you have the appropriate version of QuickTime installed. See *Begin* file for software installation instructions.



All in Due Time

Perspectives on Childbirth from Deaf Parents—Disc 1

Perspectives from

Brandi and Tim Rarus (continued)

Playing Movies

Click on
Title

to see movie.

Large

opens larger scale
version of movie.

Click on

QT

to open in QuickTime
Player application.

“*esc*” button
upper right of
keyboard closes
movie window.

Press **Space Bar**
for Pause/Play.

Right arrow (→)
allows you to play
video in slow motion.

Click on control bar
to move to that
point in video.

See [Using this CD](#)
for details.

Third Child

Large

QT

[Summary](#)

Brandi describes their third birth which included induction of through a process called “stripping.”(4:39)

Concluding Thoughts

Large

QT

[Summary](#)

Tim shares some concluding thoughts about his role in the process and they share how they are adding to their family in the future. (1:51)

Full Movie of Child 1-3

Large

QT

[Summary](#)

This video contains the continuous video for Brandi’s description of the three deliveries. You can watch this if you are interested in a longer segment of uninterrupted discourse. (11:43)

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Written Summaries of ASL Texts

About the Summaries

These summaries were completed by Patty Gordon, a certified interpreter, who worked with the video files and was not present at the filming. You will notice in the summaries that there are some areas where it is unclear as to the meaning in the text. Some of these are due to the intimacy of some of the conversation between two people who know each other well. Some of it is due to the ambiguity of ASL in specifying gender. The important thing to keep in mind is that the summaries are provided simply to support your own comprehension and analysis of the material.

Meet Heidi Branch

Heidi grew up in southern California near CSUN in Northridge. She is the third generation in a Deaf family. Her parents went to school at Riverside, as did her brother, sister, and herself. After Riverside, she went on to Gallaudet to get a degree in photography. She met Jeff there. Being from a big city, she never dreamed of moving to a place like Sioux Falls. It was a bit hard at first, but she has been there for 3 years and really enjoys it.

[Return to Video Options](#)

Meet Jeff Branch

Jeff grew up in Louisiana and went to a mainstreamed setting for school. At that time, there were no interpreters due to scant resources. This was back in the late 1970's. He did the best he could watching the teachers and reading the materials on his own. His mother also helped out a lot. His parents were divorced and he moved with his mom to New Orleans. His father was three hours away in Lafayette. In New Orleans, he went to an oral

program for 7th and 8th grade. It was frustrating to not be able to sign, but it was better than his experience in elementary school.

For a high school option, his parents considered the Model Secondary School for the Deaf in DC. It was a hard choice for his parents to send him so far away, but it seemed to be the best option. They figured he would later go on to Gallaudet anyway, so they thought this would be good preparation. Jeff knew only a bit of sign from summer camp, and so had some hesitation about going. But from the moment he stepped in the door, he loved it. He appreciated the direct communication and the ability to take part in group discussions. It was a rich experience.

From there, he went on to Gallaudet which was more of the same but with more independence and responsibility. He met Heidi there during his Senior year (he spent two years as a senior). He hated to leave Gallaudet. But went out to CSD to do an internship. They encouraged him to go back to DC to finish his degree. He completed his coursework fall semester, and then

These summaries are offered in support of comprehension and are designed to ensure a general idea of the text, not an in-depth analysis with all of the details.



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Written Summaries of ASL Texts

graduated with his classmates in May. After that, he moved back to Sioux Falls and has been working at CSD for 5 years.

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Going to the Hospital for Delivery

They were due May 7th, but Heidi's water broke one week early. Heidi called Jeff at work to let him know that it was time. At first, he wasn't sure it could be really time to go. But they went in. Heidi was only dilated to 1 cm and leaking water. She went through 22 hours of labor that started at 4 in the afternoon.

Jeff clarified that a few weeks earlier, they had experienced a few "false alarms", so when they talked with the doctor, they checked to make sure that this was the real thing. The doctor assured them it was time, but not an emergency. So Jeff told people at work, and went home to finish up final touches on packing and then go to the hospital.

Heidi continues that the baby had descended before the water broke. She also couldn't have medications like an epidural because they didn't want to suppress her labor. She was still at 1 cm, and stayed there for 10 hours. They tried some different medications and she finally moved to 4 cm. She couldn't have an epidural until she was dilated more than 6 cm. When they

finally got there, she got the epidural, and Jeff actually fainted at that time.

Heidi eventually got to 10 cm. A couple of procedures she wanted to avoid were having an episiotomy or a c-section. In her discussions prior, she had made an agreement on that. But knowing that the doctor might go ahead with those procedures, she was glad the interpreter knew her preferences. During actual labor, she was so affected by the medications she wasn't able to express herself clearly, but the interpreter played the role of advocate in reminding the doctor about those prior agreements.

When it was the time of the actual birth, she was struggling because her pelvis was too small. She went through a 2 hour struggle, and the doctor finally decided they needed to go with a c-section. But before that, they tried an episiotomy and were able to deliver. In hindsight, Heidi wondered about having gone with the episiotomy earlier, but was glad that she tried without giving up right away. (Even if she failed to prevent that procedure.) She was glad that the episiotomy worked and she was able to avoid the c-section. In addition, she was thrilled to have a son with red hair. The 22 hours was worth it for a beautiful son...to which Jeff concurs.

[Return to Video Options](#)

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Written Summaries of ASL Texts

Working with an Interpreter

They had the same interpreter throughout the process. In their discussion between themselves, Heidi and Jeff wanted to find someone with whom they felt comfortable. They asked for input from the larger community about interpreters involved in other birth experiences. They didn't want the interpreter to be a distraction from the process for them, but wanted someone who knew what they were doing.

The interpreter they decided on was good with the midwife, and familiar with the terminology. The interpreter and midwife were there the entire time and gave lots of support through the tough times. Heidi noted that because it was Jeff's first time, he was a little unsure at times. It was very important for them to feel comfortable with the interpreter. They had a back-up interpreter ready in case, but they were glad the interpreter they had worked with (and who had the background) was able to be there. She actually stayed for the full 22 hours.

Jeff felt the consistency from day 1 was very beneficial. They were able to call her when they went into the hospital, and she came. When Jeff and Heidi slept, the interpreter also slept. Before labor actually started, the three of them had discussed roles as part of a team effort. The focus was on flexibility, not strict adherence to the code of ethics. So, they had discussed possibilities beforehand. The comfort they gained from these

discussions really made it all go smoothly.

It was also important that the interpreter knew the terminology, or was able to ask for repetition or how to spell something. The doctors often didn't know how to spell it, and it turned into a humorous situation. But one in which Jeff and Heidi were able to learn a lot about medicines and what they were used for. Jeff wanted to know more than just the names of drugs, but how they would affect Heidi. Heidi really felt like the experience was equal to what any other couple would have, which meant that the interpreter's work was really successful. Jeff also shared that the interpreter shared a lot from her own experience of having two children, and that was beneficial.

[Return to Video Options](#)

On a Deaf or Hearing Child

Coming from a Deaf family, Heidi had been thinking about whether or not her child would be Deaf. When the doctor reported that her son passed the hearing screening, she was a little disappointed. She had mostly thought he would be Deaf, given her family history and her siblings having Deaf children. She was glad that the doctor was very supportive—not being matter of fact about the child being able to hear, but presenting many different scenarios that the child could become Deaf later.

It was new for Heidi and her family to have a member who could

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Written Summaries of ASL Texts

hear. She didn't want to force him to be fully immersed in the Deaf world, but wanted him to get the best of both worlds. The family had many questions about what types of gifts to get. Heidi suggested things related to music and sound. Through it all, it is going fine.

[Return to Video Options](#)

Meet Stacie

Stacie was born and raised in Minneapolis. She was born deaf, and has a twin sister who is hearing. She graduated from Highland Park High School where they have a deaf program mainstreamed into a public school. She went to Gallaudet where she got a degree in Therapeutic Recreation. She moved back to Minneapolis in 1997, met and married Scott. They've been in South Dakota since fall.

[Return to Video Options](#)

Meet Scott

Scott was born in South Dakota where he attended the residential school for the deaf. He has 2 brothers and 2 sisters and is the only deaf person in his family. After graduating in 1987, Scott

went to Gallaudet, going to school for four years, taking two years off and finally returning to finish his degree in 1994. He works for CSD in South Dakota as the interim Building Project Manager.

[Return to Video Options](#)

How We Met

Stacie and Scott actually met at Gallaudet, but at the time, Stacie thought Scott was too laid back and was not interested in him. Then, when Scott came back to Gallaudet to finish his degree, he was totally focused on graduating and getting back to South Dakota. He had kind of pursued Stacy without success and eventually they lost touch with each other. Stacie contacted him via AOL IM and that's how they got reconnected. They met again in Canton at a small restaurant with her family and other relatives. Scott proposed on New Year's Eve. Stacie goes on to explain that they re-met in 1999. At Gallaudet when they first met, Stacie did think he was too laid back. He was always trying to get her attention and she was not interested in him. In 1999 Stacie was browsing profiles on the internet and came across Scott's screen name. When she checked the profile, she realized it was him. She contacted him to see how he was doing and the rest of the story is, as they say, history.

[Return to Video Options](#)

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All in Due Time

Perspectives on Childbirth from Deaf Parents—Disc 1

Written Summaries of ASL Texts

Finding Out

The Millers married in Minneapolis and went to Maui for their honeymoon. That is where they got pregnant. Stacie found out she was pregnant on January 12. She will always remember the day because it was so emotional. She was shocked, scared, excited...very emotional. Stacie had suspected she was pregnant because her period was late and she didn't feel like herself. Scott didn't believe her at first. When she took the pregnancy test and found it was positive, she skipped up to Scott (who was on the couch) and told him. He wouldn't believe it until she showed him the test stick with the plus sign on it. They were both surprised and a little shaken by getting pregnant so soon after they married.

[Return to Video Options](#)

Difficulties with Pregnancy

Stacie's first month of pregnancy went fine, (which is when she found out she was pregnant) but she started experiencing some bleeding in the 2nd month. She was quite frightened, having never been through a pregnancy before. The doctor told her she had a 50/50 chance of miscarrying the baby. Stacy was scared because she knew a miscarriage would be very traumatic and felt very unsure about what would happen next. The ultrasound showed she had a *bicornuate uterus*, meaning that the shape of her uterus

was abnormal and that the baby had attached itself to a part of the uterus that might not support the pregnancy. That was the reason for the bleeding. Stacy was put on bed rest. She had a job as a supervisor at a group home for adults with disabilities and the job required a lot of activity, so she had to just stop work for the week. During that week, she worried and prayed for everything to work out. After a week, the pregnancy stabilized.

The interpreter they had at that time was not working out. The interpreter could not understand Stacie and it was very difficult to deal with the communication problems. The interpreter had been sent from a different agency than the one Stacie usually worked with. She asked the doctor's office if she could change interpreters and at first met with a lot of resistance. She had to explain how critical it was for them to have a consistent and competent interpreter, in part because of the complex terminology required. Eventually they relented and Stacie chose her own interpreter. She approached an interpreter that had been referred to her and asked if she would be willing to take on the job. The interpreter agreed and continued with them through the rest of the pregnancy.

Scott also remembers how terrifying it was when Stacie started bleeding. He had no idea what could be wrong and decided to take her to the ER. Stacie's mother and sister came and offered

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their support. The ultrasound showed that the baby was still alive and moving, so that was a big relief. When they found out about the *bicornuate uterus*, they knew where the bleeding was coming from, but it was still very scary. For the rest of the pregnancy he was paranoid that it would happen again and monitored everything closely.

The pregnancy went ok, but Scott does remember how Stacie's hormones really changed her. She would blow up at him for no reason and he just tried to be patient and understanding. It was tough going, but eventually they got through that hurdle as well.

Stacie remembers how she also suddenly reacted differently to some foods. She sometimes wouldn't let Scott cook chicken because the smell of chicken made her nauseous. Surprisingly, she really did not experience morning sickness at all. She does remember her hormones kicking in, feeling angry and overwhelmed at all that was happening in their life. They had just gotten married, moved into an apartment, were looking for a house, and now they were going to have a baby...it felt like too much was happening all at once.

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The Delivery

Stacie was at 32 1/2 weeks and in the hospital. They planned to

take the baby at 34 weeks, so they already knew she wouldn't be carrying the baby to full term. That night after dinner, Stacy started to feel sick and feverish. The nurse told her they probably would have to go ahead and have the baby that night because the baby's heartbeat was running high. They were concerned about the heart rate, thinking the baby might also be sick.

The nurse came in to take Stacie up to the delivery room. Stacie was nervous and caught off-guard by everything that was happening. Luckily her mother and family were there to support her. They put in the catheter, knowing they had to do a C-section because the baby was breech and couldn't be delivered vaginally. They asked her about allergies to medications and then the doctor scheduled to do the c-section arrived. They had met Dr Rolfe when they first came into the hospital. He was a wonderful doctor. Scott put on scrubs and was ready to come into the room. The interpreter arrived at that time and was there with them. Stacie doesn't clearly remember the rest of the delivery because of the medication.

Scott picks up the story by saying he was expecting that night to be just another night of bed rest for Stacie. When the nurse told him it was time, he couldn't really grasp what she was saying at first. He recovered his wits and went up to the room. They gave Stacie an epidural. She was nervous but sat quietly and got

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through it ok.

Scott was ready with his video camera. They allowed him to take it in with them. He filmed the whole thing (not all the gory details). In the delivery room, they set up the drape and started the C-section. Scott wasn't bothered by watching the surgery. It was just like they'd seen before on the TV show "A Baby Story" on TLC. Scott was totally engrossed in the whole procedure. At one point the doctor leaned over to look at something and Scott (who was just behind the doc) leaned along with him so he could keep the shot clear. The medical team came rushing over, thinking he was fainting. The whole procedure just mesmerized Scott.

Scott felt bad for his son because when the doctor actually delivered him the baby's head wouldn't come out. He came out feet first. Because Stacie didn't have any contractions, her muscles were very stiff, making it harder to finish the delivery. The doctor had to really pull on the baby to wrestle him out. Scott was kind of shocked at how rough the doctor was because he always thought babies were very fragile. He was a bit concerned as he watched all of this, but had to assume the doctor knew what was best.

After quite a bit of tugging, the baby's head finally came free and

he was out. Stacie's interpreter let them know right away that the baby was crying, a sign that everything was fine. The interpreter said that the baby looked perfect. The baby was bigger than they expected for a preemie. They'd had an ultrasound the week before so the doctor could prepare for the surgery. At that time, they thought the baby would be about 3 pounds and 15 inches. Turned out the baby was actually 5.3 pounds and 18 inches, which is pretty big for a baby born at 32 1/2 weeks.

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Post-Delivery in NICU

The baby was in great shape after the birth, but Stacie was totally out of it because of the drugs. Scott was torn between supporting Stacie and wanting to be with his new son. It really hadn't hit him yet that he'd become a father. It wasn't until he walked out and saw all of Stacie's family lined up to see the baby that he realized he had a son. Everyone wanted a look at the baby and everyone was crying. It was really exciting.

They took the baby to the NICU because they had to monitor him to make sure his lungs and everything was working right. He was in a "cubicle"/isollete overnight, but really he was doing very well. He was a healthy boy.

Stacie remembers how they took the baby away and she had to

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stay in the recovery room until the medicine wore off. All she could think about was getting to see her baby. Finally the doctor let them take her upstairs on a gurney where she got my first good look at her son. That's when the reality of the birth really hit her. She was not allowed to hold the baby because of the incubator, but she could touch him. She touched his hand and face. They sent her back to her room to get some rest, but she was too excited to sleep, just wanting to have more time with the baby. The baby was born at 11:33 p.m. and she had just gotten her first real look at 2 in the morning. She went to sleep in her room with her mom and Scott by her side.

Stacie was worn out, but couldn't wait to hold her baby. The next morning she was all swollen and sore from the surgery but she was allowed to go back to the NICU and hold her (well, their) baby at last. It was a wonderful moment.

The doctor told them the baby was doing very well and was breathing on his own. They moved him from the isolette to a regular bassinet. They still had an IV in his arm for hydration. He had a feeding tube in his nose. They used Stacie's breast milk to feed him. She and the baby also learned how to breast feed properly. After a week, they transferred back to the original hospital Stacie went to when her water broke. (She then was transferred to a hospital in Burnsville). One week later they

discharged him. Even though he was only 35 weeks old and technically should not even be born yet, he was healthy and strong.

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Going Home

The day they brought the baby home was overwhelming because they did not have time before he was born to set up the nursery, or even have a baby shower. They had to buy everything, crib, baby seat and other supplies, on the same day they brought him home.

Stacie stayed with her mom for the first week so Scott could work on their house. They had bought a new house just down the street, so it was easy for him to go back and forth. Because Stacie was in the hospital long before they expected her to be, they never had a chance to really get the nursery ready in their new house. While Stacie stayed at her mom's, Scott did the renovation and painting for the nursery.

Scott remembers how Stacie got very sick a few days after the baby was born, which was another reason she stayed in the hospital so long. She had a very high fever, 104-105 degrees. Stacie says she felt sick just a day or two after the baby was born. Stacie does an aside where she tells us that the baby's name is

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Addison. She also explains how his name sign is reminiscent of the sign for PROUD. They chose that name sign deliberately because they are so proud of him. He is a miracle. Stacie then goes back to explain how her fever spiked and she got very sick. She was shaky and went from sweating to chills. The doctors did all kinds of tests to try to figure out what was wrong including a CAT scan. They finally called in a specialist who diagnosed a uterine infection. It was a terrible week. Stacie then thanks Scott for reminding her to tell that part of the story.

Scott tells how protective Stacie was of the baby when she first got home. He explains that she was afraid their cat might bite Addison, even though the cat was very easygoing and not a threat at all.

The baby is doing very well. He's been sick a couple of times, but overall is very healthy. Scott repeats that he's very proud of his son. He's 20 months old now. He's actually over the top on the growth charts – a real miracle baby. Stacie also says again how proud she is of their son.

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Meet Brandi

Brandi was born hearing and became deaf from a bout with spinal meningitis when she was 6. Although she is profoundly deaf, she

has speaking skills because of the age she became deaf. She was educated orally in a classroom of hard of hearing students and learned to sign by interacting with deaf children during recess. She studied Social Work at NTID/RIT. She married Tim and they moved to Kansas City. She worked for Sprint for 11 years. Her children are: Blake, 5; Chase, 3 and Austin who is 7 months old. She has recently begun working for CSD in Sioux Falls in their marketing department.

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Meet Tim

Tim is from the 4th generation of Deaf people in his family. He graduated from the Arizona School for the Deaf and went to Gallaudet. He graduated with a degree in Government in 1989. After working in D.C. for a while, he moved to Kansas City, Texas and eventually to Sioux Falls to work for the Interpreting Division at CSD supervising both community and video relay interpreting services.

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First Child

Tim and Brandi tried for several years to get pregnant. All the tests showed that there were no apparent reasons they could not conceive. It was very frustrating because they wanted to know what was wrong so they could fix it. They tried using fertility drugs, although it made Brandi nervous because they brought

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with them an increased risk of ovarian cancer. They tried in-vitro fertilization. On their first attempt, two eggs fertilized, one survived and Brandi was pregnant at last. She remembers how excited she was. She bought maternity clothes before she even really began showing. She thinks the first pregnancy was probably the best one because she was so excited, she didn't have any other kids to look after at the same time, and Tim treated her like a queen. At about 28 weeks, she went into premature labor. At first she thought it was just Braxton Hicks contractions but they were more intense than she'd felt before. She went to the doctor and found she was dilated to 3cm. She remembers the nurse telling her (without an interpreter) that she had to go home and rest. Brandi said she had an important meeting she couldn't miss and had to go back to work. She finally convinced them that she would rest as soon as she got back from her out of town meeting. They sent her home with instructions to call them if the contractions continued. Brandi went back to work, but continued to feel contractions. She called the doctor and was told to go back to the hospital to labor & delivery. She went in and they attached electrodes to her stomach. They gave her a muscle relaxant (most likely Magnesium Sulphate) that caused problems because it blurred her vision. Brandi eventually demanded the doctor stop the IV because she couldn't see. Her interpreter had to sign right in her face in order for Brandi to understand. It was horrible.

Brandi stayed in the hospital a few days and then went on bed rest for the rest of her pregnancy. She was put on medication to keep the contractions from coming back. At 38 weeks, she stopped taking the medication. She envisioned a quick labor and delivery right after she stopped. But a week went by and still no labor. She was used to being a very active person and could not stand to stay home any more. Tim interrupts Brandi to ask if that was when she ate pickles dipped in peanut butter to try to trigger labor. Brandi corrects him and says it was jalapenos because he told her it would work.

Brandi asked the doctor to induce labor because by that time she was going stir crazy. The doctor agreed to induce labor. Once induced, the whole thing went very fast. They put in the IV at around 6 in the morning and broke her water at around 7:30. Up until that time, Brandi watched the contractions on the monitor, but they didn't hurt. When they broke her water, she felt the pain of contractions for the first time. All she wanted was the epidural right then. She had to wait for some fluids to go thru the IV, and remembers the nurse squeezing the IV bag to empty it as fast as possible. Finally they gave her the shot and she felt better.

By 9:30, she was at 10 cm but the doctor wasn't ready yet. The baby was born around 11, so the whole process really went fast.

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It was an experience she'll never forget.

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Second Child

Brandi became pregnant naturally the second time. They don't know why it was different, but were excited about the pregnancy. They knew this baby was a boy (they didn't know the sex of the first baby until it was born). They were still in Texas at the time, so Brandi had the same doctor as the first pregnancy and told him that she knew she would want to induce again because she could not stand to be inactive that long. She also got sick with the second pregnancy. She was sick for about 4 months. In addition, for the first 12 weeks she was terribly depressed (something she'd never experienced before). On her due date, she went into the hospital at 6 a.m. to induce labor. This time, she was not dilated at all when she went in. After the IV was in for 20 minutes or so, she dilated to 4 cm. Things went very fast again and her baby was born at about 9:30.

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Third Child

The third pregnancy was probably the best in terms of ease in conceiving – again, it was natural. However, this time Brandi

was very sick. She was hospitalized because she was dehydrated and could not keep any food down at all. To make matters worse, they had just moved to Sioux Falls (a big change from Texas). It was the first time they'd been through a real winter in years, she was pregnant and sick. It was horrible. The illness went away at about the 5th-6th month. Because they moved, Brandi had a different doctor than before. She explained how her first two deliveries had been induced. The doctor didn't take to the idea very well. Brandi explained how she “couldn't wait” for each delivery and that both deliveries had been very fast with the inducement. The doctor was a little more open to the idea, but still not convinced.

About two weeks before her due date, Brandi began to experience nausea and diarrhea again and her mood changed. When she went in for her checkup, she was dilated to around 2 cm. The doctor did a procedure called “stripping” to help things along. She remembers how the doctor's hand came out all bloody and that she had severe cramping after the procedure. The doctor said the baby could come any time between then and two weeks. Brandi bought a new car seat for the baby and went home. She experienced some contractions in the night, but they weren't very hard. Brandi called the doctor in the morning around 6 and was told that the contractions were caused by uterine irritation from the procedure they had done. The doctor recommended a hot

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bath. The bath helped some, but the contractions continued. At around 10, she called the doctor's office again and told them she felt that she was dilated. When she told them her contractions were 8-15 minutes apart and irregular, the nurse told her she was not yet in labor. The nurse offered to make an appointment at the office for 1:00 that afternoon, just to check. She called Tim to come and take her to the doctor's office. One of the memories Brandi has of that day was that she was collecting bids for housekeeping services and ended up having to talk particulars between contractions. She just laughs at what the people from the cleaning service had to deal with that day.

When the doctor checked her at 1:00, Brandi was already at 7 cm. They rushed over to labor and delivery and sure enough, the baby was born by 3:00.

One thing Brandi says is a bit unusual about her birth experiences is that she sees them as a big party – a chance for all their friends and family to celebrate. She always used a friend to interpret for her. She had her family, Tim's sister and several friends with her through the deliveries. For her, it's a wonderful time – time to enjoy the miracle of bringing a new life into the world. All three of her deliveries were wonderful (although the pregnancies themselves weren't). She had candles, bought herself a new bathrobe, lots of wonderful things to enjoy. And that's her

summary of the three children's births.

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Concluding Thoughts

For Tim, he felt his job was to be there and offer support and he prayed that he didn't say anything she didn't want to hear. He also feels that the birth experiences were very positive. Nothing horrible was said and they all were wonderful experiences. He was nervous and unsure for the first one. Not sure if he should offer help or leave Brandi and the doctors to their work. He wasn't sure if he was to help with the delivery or stand back and let nature take its course. Luckily the interpreter was a friend and that helped. Without that, he doesn't know how he would have done. The interpreter for all three deliveries was always a close friend.

Tim doesn't have much else to say other than he's happy that he has three boys, "my three sons" and all. He knows that his "other half" (Brandi) is still hoping for a girl. To make that dream come true, they are flying to China to adopt a baby girl in the summer of 2004. Right now they are in the process of doing all the paperwork. Then they'll have the three boys and one girl.

And, as Tim puts it: "That's all, folks."

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