

Natural Childbirth

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The approach of the problems of having a baby, both from the mother's and the attending doctor's point of view, have undergone considerable changes in the past decade. The main problem involved in the actual labor process was that of the pain experienced by the mother. In England during the late thirties, G. Dick Read observed that some women would go through their deliveries with a minimum of discomfort while others would have moderate or severe pain. He observed also that the women of the latter group could aid themselves and decrease their pain by relaxing and understanding the progress of the process within them. Along with these observations he witnessed a profound psychological response of the mildly anaesthetized or unaesthetized woman at the first sight of the baby and in being allowed to hold it immediately.

Many articles have been written concerning the use of various types of drugs, aimed at partial or complete removal of pain. In the past ten years since Granthly Dick Read published his first book "Childbirth without Fear", the Journal articles tended to lean, in their discussions, toward a drug or combination of drugs that would allow the expectant mother to remain conscious and witness all the emotional experiences outlined by Read but to do this with a minimum of discomfort.

I do not feel that this has been a logical approach to the problem. The "Modern Doctor" may not wish to adopt in full the entire program of "Natural Childbirth" and perhaps cannot accept in his own mind the idea that having a baby can be accomplished with a good deal of muscular effort and active participation on the mother's part but without excess discomfort in the form of actual pain. He feels that he is duty bound to relieve what he may interpret as actual suffering. The problem as I see it lies not in the question of which drugs to use but rather how to handle the case and when to give the drug or drugs if they are needed—and most important of all, to be able to recognize if they are needed.

Read believes that the problem of pain in childbirth is more of social origin than physical origin. The tread of fear, tension, and pain are not normal in this physiological process. These have been introduced through the years by the misunderstanding and misinterpretation of those who attend the pregnant woman. To remove pain, one must dispell the fear and relax the tension; what better way to accomplish this, and much more, than by training the woman to help herself during the delivery of the child. The interested doctor must evaluate his patients. Are they interested, uninterested or ignorant? Are they definitely against any method of helping themselves and their babies during labor?

Let us examine these attitudes for a moment. The expectant mother is, like us all, a product of her environment with all its beliefs and disbeliefs making her an individual. She would then be expected to react individually to physical and mental stress. It is of utmost importance that the doctor explain to his patients interested in "Training for Child-birth", that this is a means of helping herself, of keeping herself physically fit, and perhaps mentally conditioned for delivery. If, during the labor, she cannot continue to participate as taught and "breaks" at any of the stages discussed later, then, there should be no hesitation to assist with proper drug support and this should not be evaluated by the woman as a failure to go through with the process but just a helping hand over the rough periods. All pregnant women should receive education as to the physiological changes going on in their bodies and what to expect during labor and delivery, whether they are interested in training or not. In this way only will some of the gloom and superstition be cleaned from the fogged minds. The aim is to attempt to destroy the folklore concerning this subject, which exists even in the Bible.

At which stage does one expect a trained mother to "break down" and ask for or need the aid of analgesics or anaesthetics. Non-specific items that occur in every labor, such as tiredness, fear, loneliness, ignorance, weariness of mind, depression, hopelessness and disappointment should be expected and coped with adequately. If the patient is being cared for by an understanding, interested and sympathetic doctor and staff, these

pitfalls will be avoided to a great extent. A woman in labor should not be placed in the same room with others also in labor. A room of her own and frequent attention by nurses and husband are necessary during the first stage.

In his excellent monograph "Introduction to Motherhood" Read outlines the four emotional menaces or danger areas of labor. It is at these four stages that careful observation and perhaps analgesics or anaesthetics will be needed.

1. As the cervix reaches five centimeters dilation, there occur a new set of sensations that will need explaining. At this point the laboring mother wonders if she can carry on and finds more difficulty in relaxing during the emotional upset.

2. A backache occurs at the time the cervix is reaching full dilation. Firm massage aids greatly in the relief of this ache. There may also be nausea, vomiting, and a panic feeling at this time.

3. The resistance offered by the vaginal canal and levator muscles imparts a strong wish to escape from the situation. Once more a feeling of exasperation and fear comes over the woman.

4. The vulva reaches a maximum stretch as the head of the baby is crowning. The woman feels that she is tearing and may contract her pelvic muscles, holding back the baby.

Read has also observed that during the contractions of the second stage, the woman works to capacity, and between contractions she lapses into a form of amnesic physiological sleep, resting for the next push.

These observations are of interest only to those doctors who would like

to guide and help their patients during labor. Such facts would not interest those of the profession given to the usage of induction of labor without indication and also the use of mid or low forceps without indication. In the primipara, the aid of an episiotomy to assist in the final stages and to prevent overstretching with resulting fibrous healing at best, or tears of severe or moderate degree at worst, has been accepted by many as a favourable practice.

Thoms' book "Training for Childbirth" contains some excellent suggestions toward the natural childbirth goal.

a. The doctor in attendance should exhibit patience, peacefullness, personal interest, confidence, cheerfulness, and concentrated observation.

b. The expectant mother should have an x-ray of her pelvis before delivery to detect absolutely any threat of abnormality, especially in primipara.

c. The patient should be told of her progress through labor.

d. Constant attendance of nurse or husband not leaving the woman alone at any stage.

e. Select the proper time to commence relaxing exercises so as not to tire the woman early in labor.

f. The physician pays frequent visits in the first stage and almost constant attendance when the second stage begins.

The general practitioner is faced with the practical approach. If we assume that he will see his patients early in pregnancy, he should see them every month thereafter until the eighth month and weekly or bi-weekly until they are delivered. He may refer them for skilled training if the facilities exist, recommend a suitable text on the first visit and outline a hygienic routine of life for pregnancy. The queries may be answered form time to time at each subsequent visit. The belief in the process by the doctor himself will go far in directing its success.

To sum up, Natural Childbirth is no great revelation or change in therapy. It is merely helping natural processes to function as they were intended and not as we might like them to do for our convenience. It is also coaching the expectant mother to take a keen interest in herself and her health, and to play an active part in the labor and delivery of the baby. In the face of actual difficulty the doctor should be skilled in an intelligent choice of a suitable anaesthetic and procedure to terminate the labour successfully for both mother and child.

References:

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5. Randell—"Training for Childbirth from the Mother's point of view".
6. Heardman, H.—"Physiotherapy in Obstetrics and Gynaecology".
7. Russell—"The Child-Bearing Years".