

CONDITIONING FOR CHILDBIRTH

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In this era of overnight successes and fast fading fads the philosophy of childbirth conditioning (or natural childbirth), as it is more commonly known, has taken almost thirty years to get to its present point of recognition. It was an over-powering zealot, Grantly Dick Read of England, who developed the idea and by his persistence and enthusiasm against a great deal of opposition, has made this philosophy available to women in practically every country in the world. Unfortunately, his method was hailed as a method of painless labour - the impression was held that there was something inherent in the relaxing exercises that relieved pain. Although Read did explain that it was relief from fear and tension that produced the real benefit, the idea got abroad that natural childbirth meant painless childbirth. While completely painless childbirth does occur in a small minority of cases - (10%) the vast majority of women undertaking it do feel pain with the contractions and a fair percentage of them will require one or more analgesics to help them relax. Nevertheless, of those who really prepare themselves, well over 90% are enthusiastic about it and request the same method with the next baby.

What does conditioning for childbirth mean in Halifax? It is really a conditioning of women to go through labour as nearly as possible without fear. Everything that we do, the prenatal care by the doctor, the prenatal classes by the nurses, the movies we show, the exercises we teach, the hospital visits; all have, as their ultimate aim, the removal of fear through education. We feel it is the fear that brings tension and tension that causes the woman to feel discomfort as pain and pain as severe pain. As Dr. Atlee pointed out (in his book on Natural Childbirth) when fear and tension are removed a great deal of the pain of the uterine contractions will disappear.

Our methods of conditioning are very simple. On her first visit to us the woman is given a mimeographed letter which describes to her in easily understood language what is going on inside her during pregnancy and what will go on inside her during labour. She will be told what will be done for her during pregnancy and labour and why. She also is given a pamphlet describing what conditioning for childbirth is, what it can do for her, what exercises we advise, what classes we would like her to attend and **yet we make no great false claims about it.** She is given her choice and told to think it over as to whether or not she wishes to participate. It is made quite clear to her that the choice as to whether or not she has sedatives or anesthetics at the time of the delivery will be the choice of hers and her doctor. Some people have the impression that if they undertake natural childbirth they are committed to a labour without sedatives. This is an absolutely wrong impression. In our clinic and, in fact, in most clinics practicing natural childbirth, the majority of the patients do get an analgesic during their labour and may have their perineum infiltrated with local anesthesia just when the head is dilating it. This allows an episiotomy to be done, if necessary, and saves the patient the great stretching at full dilatation, which does cause pain unless so relieved.

The patient is then told about the prenatal classes she may attend. These consist of talks, films and discussions as follows: - A. How your baby grows. B. Talk and demonstration on nutrition. C. How to make childbirth more satisfactory and less painful. D. How to look after your baby when you go home. E. A visit to the hospital. The classes usually consist of only four to six women so that questions and individual instructions are encouraged. Our aim is that knowledge as to the changes taking place and the events to come will free the woman of unknown fears and thus relieve them of tension,

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Very early in the course she is taught very simple breathing exercises designed to relax her physically and mentally. She is encouraged to practice these frequently so that they become almost second nature to her. This if often done in groups with individual attention given to make sure they are doing the breathing exercises properly.

The success or failure of this program, of course, comes back to the family doctor. It is he who will guide the patient through her labour and delivery. He will have already discussed many of the problems that had been discussed at the clinic. He will talk to her about any fear that she may have had and particularly at her last visit he will make known to her what the position and presentation of the baby is. He will assure her that everything is normal and inform her that, as far as he knows, everything will go well. If there is any abnormality it will be explained to her and the possible course of labour in her particular case will be described, so that she will know as nearly as possible exactly where she stands.

It has already been pointed out that pregnancy is a state in which most women need support from those around them and none more so than from her husband. For this reason a class is arranged so that husband and wife can attend together. We find that husbands are extremely interested and after being well informed become extremely helpful to the mother.

The final visit to the hospital is extremely important. We find the hospital to be the most difficult part of our natural childbirth program. To make sure that nothing happens to the woman in the hospital to increase her fears and anxieties, to have someone with her or at her call throughout the entire labour, to arrange the hospital physically so that she does not have to be close to the delivery rooms until she needs to go there, to protect her from the behaviour of the less disciplined woman who is making a fuss, to instill into the hospital personnel the philosophy all

these things are not easy to achieve and need a great deal of attention and time. Nevertheless they are extremely important to the success of childbirth training.

A very important aspect of labour is that the patient should not be left alone because it is at this time doubts begin to arise in her mind and she begins to get somewhat frightened and this, of course, leads to tension and this in turn leads to more pain. Our whole program is based on having someone at all times with the patient. This need not be a nurse, it may be a friend, husband or a medical student. In addition to these we have initiated the idea of a companion of the first stage of labour. This is a person who is a kindly, intelligent individual who has been a mother herself and who understands how to relieve anxiety and fear. It is important that such a person be available to the pregnant woman. It almost goes back to the time of the nanny who used to come in and sit with the labouring mother until the time of delivery. We encourage the mother in the 1st stage of labour to be up and about and endeavour to keep her occupied so that she would not have much time to think about her contractions. Consequently, it is not unusual to walk into our 1st stage of labour room and find women in the 1st stage of labour walking up or down either on the arm of their husband or with the 1st stage of labour companion or sitting at a table having a cup of tea or playing a game of checkers. This does much to increase the morale of these patients and to relieve any anxiety that may be there.

To sum up, childbirth training is simply a means to a happy prenatal life - a relaxed confident feeling about labour - a labour with as little discomfort as possible - a delivery as easy as possible and a sense of well being when it's over. It is achieved by teaching a mother to be relaxed - to be without fear and tension. Everything we do has this in mind and contrary to what many believe sedatives and anesthetics may play their part.

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