AIMS For a better birth...

Birth Space, Safe Place: environment, people and attitudes to pain during labour

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Adela Stockton explores our perception of pain

Every woman deserves a good birth experience, but the issue of accessible ways for women to improve their chances of this regularly concerns me. Increasingly, I find myself now going back to basics when talking with expectant mothers, returning to focus on the most fundamental needs of the labouring woman: those regarding her birth environment, the people who will be around her and their common attitude to pain.

This is not a hospital versus home bir th discussion, nor a 'have a physiological bir th at all costs' conversation: it is even more elemental than that. It is about exploring some simple preparations that women and their partners can undertake to significantly help protect their chances of enjoying a positive and empowering birth experience. It is about raising awareness and encouraging confidence among parents-to-be that this straightforward groundwork can really make a difference.

Let's imagine some of the most intimate acts that women might perform on a daily basis. And now consider where they might go to do them. While we may come up with different suggestions as to where these acts could take place, what is likely is that all the locations will have one thing in common: they will be private.

We know that the key labour hormone oxytocin brings about a feeling of well-being: it is produced by the brain during love-making as well as during childbirth. Its action on the smooth muscles in the body cause the womb to contract during labour and it enhances that 'falling in love' sensation experienced by many mothers when they set eyes on their new baby. In the same way that a couple making love instinctively seek out a warm private place where they feel safe to express themselves freely, a labouring women will most effectively encourage and maintain the flow of oxytocin in her body if she is in a place where she feels safe and secluded.[1]

We also know that the cer vix is a sphincter, like the rectum; its action is to soften and open up so as to allow its contents to effectively pass through. Sphincters are involuntary muscles however, so generally function poorly within an environment of fear or force. In the same way that it would be difficult for a woman to successfully open her bowels on demand in an unfamiliar place in front of strangers, a mother

is less likely to struggle to give birth in a place where she feels secure and unobserved.[2]

In view of these facts, if you are currently expecting a baby you may wish to consider ways of preparing your chosen place of bir th to feel as safe and private as possible. You might plan to have your baby at home or in a midwife led birthing centre for example, or if you have already booked a hospital bir th, you may decide to change to a home birth or birthing centre instead. Should you meet with difficulties organising to have your baby at home, AIMS can offer you support. If you have chosen, or need, to be in hospital, why not plan how you could make your room feel more personal and secluded? The possibilities are many: moving the bed aside to allow yourself space to move around freely, making a 'nest' on the floor mat with your own pillows and quilt, lowering the light in your room, having access to the birthing pool, making a 'thank you for not disturbing us' sign for your midwife to hang outside your door, preparing plenty of nutritious snack and drink provisions and not forgetting your birth talismans.

Equally the attitudes and expectations of the people present in the birthing room can have a significant influence on your birth process. The labouring woman is vulnerable and highly impressionable during labour, if there is anyone present with negative or fearful thoughts about birth, you will sense it. It will exacerbate any sense of unease you may already have, furthermore, the fight or flight hormone adrenaline is produced by your brain in response to unsafe situations and overrides the positive effects of oxytocin. If you are in fact feeling confident and positive about your birth process, sensing a conflicting attitude from those around you can undermine your instincts.[3]

It may not be easy to be frank and honest about who you would like to be your bir th companions, yet taking some time to reflect on the following questions may give you the confidence to reconsider what really feels right for you. We do not always realise the full implications of how even the essential people around us during labour can affect our birth process:

- How well do you know and trust the midwife who will be attending you? If your NHS unit does not offer caseload or team midwifery, could you opt to employ an Independent Midwife to provide wholly individualised care?
- How comfortable do you feel about your partner and his/her role during labour? Could you take on a doula (experienced birth companion) for additional emotional and practical support for you both?
- How do you feel about additional unfamiliar midwives or doctors coming in to your birth space during labour? You may like to write in your birth plan who you choose to have in your room, to the exclusion of anyone else except in case of medical emergency.

As one new doula and mother of two realised:

> 'Now I understand why my first labour kept stopping and starting, why my baby took so long to be born, his dad was there but we had broken up at that time. I didn't really want him around but I felt he had the right to be at the birth of his baby.'

You are always entitled to say what you feel is the right care for you and if you do not feel well supported by the people around you, no matter how difficult this may be, you can ask for them to leave the room or be replaced. The emotional support you receive, particularly during the most intense stages of labour, can make all the difference to you, especially if you are keen to avoid interventional pain management.[4]

Labour pain is different from any other pain however, it is a purposeful 'positive' pain, one that lasts for only one minute at a time and one that indicates progression of your birth process. Contractions have been likened to 'waves' or described as 'surges' in an endeavour to move the common mindset from a place of fear to one where labouring mothers may embrace the pain and work with it rather than fighting it.[5] While you may choose to accept opiate drugs or epidural as a means of support for pain during labour, these carry side effects for you and your baby which you might prefer to avoid, especially as there are non-interventional sources of support that you can access if you know how.

Preparing yourself and your partner to approach the pain of labour without fear is important, particularly if this is your first baby. You may both be venturing into the unknown yet a mother's physical and emotional body is well prepared: you have your instincts, your innate knowledge of birth and your aptitude for endurance. You can use movement, free positioning, water, warmth and intimacy with your partner to help you. You can also draw on the carefully chosen support of others around you. The reassurance of knowing your trusted attendants are sitting calmly nearby or the comfort of feeling of your partner's skin against yours, even when your contractions seem overwhelming, can convey to you without words that all is well.

By setting up a birth space that embraces privacy, likeminded people and a united positive attitude to pain, your labour is more likely to remain undisturbed, more likely to stay safe and therefore more likely to end with a gentle, physiological birth.[6] Even when medical assistance sometimes becomes necessary for you or your baby's physical safety, where you and your partner have enjoyed sustained support and respect from your caregivers and equal participation in how and where your care has been delivered, there is a good chance that you will enjoy a positive and empowering birth experience regardless.

A good birth can make a lifetime of difference.

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Birth space, safe place is the updated enlarged edition of Adela's book Positive Pain which will be published in April/May 2009.