

Concept Article....



BIRTHING NATURALLY



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'Spontaneous labour in a normal woman is an event marked by a number of processes so complicated and so perfectly attuned to each other that any interference will only detract from the optimal character. The only thing required from the bystanders is that they show respect for this awe-inspiring process by complying with the first rule of medicine: nil nocere [do no harm]'

- Kloosterman G.

What Is Natural Birth?

The term 'natural childbirth' was coined by obstetrician Grantly Dick-Read. Put very simply, natural childbirth is childbirth without routine medical interventions. Birth is a natural process and women have been giving birth for eons. The vast majority of labours have the potential to be uncomplicated. Modern obstetric care subjects all women to institutional routines, which may instil fear and anxiety and have adverse effects on the progress of labour.

Humanization of care is the motto of natural birth where the woman is in control of what will happen to her. Janet Balaskas terms this 'active birth': the way a woman behaves when she is following her own instincts and the physiologic logic of her own body.¹ By deciding to have an active birth, a woman reclaims her power as a birth-giver focusing on activity rather than passivity, on movement rather than immobilization. Should an unusual difficulty arise, she can avail medical help, assured that the intervention was really necessary.

The Evolution of Childbirth

Historically, most women gave birth at home, attended to and supported by other women. Upright positions with

many variations and as many methods of support were prevalent.¹ Midwives delivered babies at home up until the 19th century. Then, a combination of societal forces (industrialization and urbanization) pushed birth into the hospital and women became more receptive to the medicalization of birth which promised a safer and less painful labour. The recumbent position which was easier for obstetric interventions became the choice of childbirth position for the convenience of the accoucheur.

From the 1930s to the 1980s, obstetricians sought to achieve dominance over midwives and between 1990 and 2015, maternal mortality worldwide dropped by about 44%² **BUT** hospital births lost out on labour support. While hospitals provided life-saving interventions, women began to lose control of their births. In 2015, the renowned French obstetrician Michel Odent stated that women risk losing ability to give birth naturally or breast feed their babies in the future because of over-medicalization of births. He observed that women had longer labour durations than 50 years ago and criticized the use of synthetic oxytocin and the rise in Caesarean rates.³

Physiology of Birth

Towards term, the cervix softens and ripens, and uterine contractions become noticeable. Oxytocin stimulates contractions and as the pain of contractions increases, more oxytocin is released and the contractions become harder. As labour progresses, endorphins are released which are natural relaxants and pain relievers. More of these hormones are released in a relaxed, secure, uninhibited environment. Tension and fear tend to heighten the perception of pain, and high levels of stress

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hormone (adrenaline) can inhibit uterine contractions.⁴

In the upright position, the pull of gravity assists uterine contractions and bearing-down efforts, entrance of the fetal head into the pelvic inlet is facilitated by the forward tilt of the inlet, pressure of the presenting part on the cervix leads to faster dilatation and placental circulation is improved. There is no pressure on the pelvic nerves at the sacrum (hence less pain), pelvic outlet widens by 30% more than if she were semi-reclining, perineal tissues expand evenly and pull back around the emerging head thereby reducing the incidence of tearing, and spontaneous separation of the placenta is facilitated.¹ Walking and upright positions in the first stage of labour reduces the duration of labour, the risk of Caesarean birth, the need for epidural, and does not seem to be associated with increased intervention or negative effects on mothers' and babies' well being.⁵

Why Choose Natural Birth?

Natural childbirth is not about suffering but about having the freedom to find comfort in many different ways. Labour should be looked at not as 'pain' but as 'progress' and a step closer to the baby being born. Choosing to give birth naturally means that women prepare for the birth of their babies confident in their own ability to give birth supported by family and professionals (Table 1).

Table 1: Advantages and disadvantages of natural childbirth

Pros	Cons
Non-invasive, faster recovery	Pain is not eliminated; however, it can be minimized by non-pharmacological methods
Remain alert and mobile	Events may not always Pan out as imagined and the situation may warrant medical assistance at times
Less likely to need interventions such as oxytocin, bladder catheterization or forceps	
Facilitates lactation and bonding	
Feeling of empowerment and accomplishment	

Role of Professional Midwives

The midwife is a responsible and accountable health care professional who works with pregnant mothers to promote woman-centred, more natural and less medicalized maternity care. A recent Cochrane review suggests that women with low-risk pregnancies who received midwife-led continuity models of care were less likely to experience intervention and more likely to be satisfied with their care with at least comparable adverse maternal and fetal outcomes as women who received other models of care.⁶ All pregnant women should be offered midwifery care and support during labour and childbirth, the preparation for which commences during the antenatal period (Table 2).

Table 2: Steps towards birthing naturally^{1,7-16}

Antepartum

Finding a supportive practitioner and birthing environment and helping women to make an informed choice about the place of birth

Childbirth classes to learn a variety of coping methods (breathing exercises, relaxation techniques, etc.) and help understand what to expect during labour

Aerobic exercises of swimming, walking, jogging and bicycling during pregnancy can build stamina, alleviate aches and pains, relieve stress and reduce chances of operative delivery

- Birth plan to educate a woman about the options available
- Extending support to fathers by engaging them in interactions will in turn enable them to empower the women during pregnancy, childbirth and in the future

Intrapartum

- Delivery room should ensure privacy, be less clinical, non-threatening and more 'home-like'
- Availability of modern obstetric care in case an unusual difficulty arises
- Being less anxious (by reducing catecholamines) helps the progress of labour
- Nutrition: there is no evidence to restrict oral intake

or routinely administer intravenous fluids

- Continuous labour support is a core element of care for improving maternal and health care
- Monitoring: there is no benefit of continuous monitoring in low-risk women; if monitoring interferes with normal physiology, it can itself cause the problems it is intended to detect
- Positioning and movement: labouring and birthing in upright positions are advantageous; changing positions regularly, and walking and resting alternately, may be more comfortable
- Water immersion during the first stage significantly reduces epidural analgesia requirements, without adversely affecting labour duration, operative delivery rates or neonatal wellbeing
- Massage promotes relaxation, soothes tense muscles and may reduce perception of labour pain
- Vaginal examinations should be restricted and progress should be assessed by other signs
- Oxytocin usage: upright positions and conducive birthing environment can stimulate contractions so that the mother can secrete her own hormones
- Revised definitions (international guidelines) to reduce Caesarean sections for prolonged latent phase, failed induction and non progress of labour should be adopted by the health care team
- Pushing: there is insufficient evidence to justify any specific timing or style of pushing and women should be encouraged to bear down based on their preferences and comfort
- Crowning: the woman should stop pushing and do a couple of quick short breaths, blowing out through the mouth so that the head can be born slowly and gently without extensive tears
- Routine episiotomy and guarding of the perineum are not needed in an active birth
- Neonates should be allowed to bond with the mother during their first two hours after birth: skin-to-skin contact improves mother-infant interaction

and helps mothers to breastfeed

Conclusion

Childbirth is viewed as potential for disaster and dominated by a climate of fear. Fear contributes to the release of stress hormones and slows down the progress of labour. Therefore, the practice of maternity care needs to shift from being based in fear to being based in love. Health care professionals, privileged to be associated with women during pregnancy and childbirth, should 'humanize' birth and give it back to the mothers. Women should be guided by their own feelings, comfort and need rather than by hospital convenience and obstetric practice. The most compelling reason to choose natural birth is because women are inherently capable of giving birth and there is no reason to intervene in the absence of a convincing medical indication. To quote Lothian: ***'The process itself prepares mother and baby perfectly in every way to continue on their journey together. Women know how to give birth without machines, epidurals, and fear. Why natural childbirth? The more important question might be "Why not?"'***¹⁷

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