

## NATURAL CHILDBIRTH



### **Natural Pain Relief Options for Childbirth**

by Salli Gonzalez, LM, CPM

## Natural Pain Relief Options for Childbirth

by Salli Gonzalez, LM, CPM

Pain relief is a very real part of our current culture. We as a society are quite versed in self medication. Headache medicines, pain relief for sore throats and back aches line store shelves. When it comes to the pain involved in childbirth, we are often encouraged to reach for the currently most promoted type of "pain reliever". There are many to choose from, including, narcotic analgesics, epidural anesthesia and spinal blocks. How can anyone "just say no to drugs" in labor?

With all its promotion and availability, the choice to use drugs in labor is safe, right? The evidence may prove otherwise. Educating yourself is very important in achieving an active role and is important in making decisions regarding the birth of your baby. In fact, pain relief does indeed have its side effects, some of which can be serious. I do in fact promote a natural approach to birthing. Why? Because, in the end, it may be better for the mother and better for her baby.

No doubt, the use of narcotics such as Demerol, Stadol, Fentanyl, Nubain, etc. while it may lessen or take the edge off the pain in labor, has been proven to slow down labor, especially if given before labor has been well established. It has also been proven to affect the baby's ability to establish breathing and sucking strength after birth. Levels of narcotics have been detected in newborns up to 8 weeks after delivery. (1) There is also evidence that using an epidural can have similar effects on a woman's labor and also affect her baby. Use of epidurals is a significant factor in a rise in cesarean rates for these and other reasons.

Epidural anesthesia use has risen sharply in the last decade. Many hospitals have actually been setting goals of rates as high as 80% since this is primarily the rate needed to keep a team of anesthesiologists on staff. This would mean that virtually every woman that entered the hospital doors in labor might effectively receive an epidural, with the exception of a few. You might wonder, with all this promotion how could epidural use possibly be a danger to a mother and her child?

Evidence exists that epidural use actually heightens the risk of cesarean section. (2) Reasons leading to these heightened risks include, low blood pressure, prolonged labor, and fetal distress. Other risks of epidural use include, shoulder dystocia in the fetus, greater use of forceps or vacuum extraction, nerve damage in the baby, nerve damage in the mother, maternal fever, toxic drug reactions, breathing difficulties, and maternal death. Other complications may include problems with urinating, chronic headache, long-term backache, and numbness. (3) The decision to take drugs or have an epidural should not be taken lightly.

So why do I promote natural childbirth? Through my own experience of giving birth, through helping other women, and talking with other women who have done it, I have seen the profound and empowering effects of having a natural birth experience. And it definitely goes beyond the "warm fuzzy feelings" you might have heard promoted. While these "warm fuzzy feelings" do have their place, the pain of childbirth actually serves a function in birth. We were made to give birth and do it in the way that nature intended, being fully functional, and in tune with very the sensations involved in birthing. Here's why:



Scientific evidence proves the existence of 10 known hormones involved in giving birth. These are, and not necessarily in order: Cortisol and catecholamines (adrenaline hormones) which are involved in the initiation of oxytocin which is the hormone involved in contracting the uterus. These are produced at low levels throughout labor to maintain the constant production of the oxytocin hormone, thus causing and maintaining a consistent labor pattern essential in dilating the cervix. Relaxin, which helps the ligaments and muscles to become soft and supple in late pregnancy and labor. Prostaglandins, which ripen the cervix and also play a role in fetal maturity. Other hormones such as progesterone and estrogen regulate the contractility and excitability of the uterus. Endorphins, the pain killing hormones, and prolactin, the mothering hormone which facilitates the bonding process and serves a mechanism for survival of the newborn.

These hormones are actually in communication with each other during labor and are proven to be beneficial and in existence within the fetus itself. Oxytocin actually promotes production of endorphins, a natural pain killing hormone, which is 10 times more potent than morphine. Natural childbirth and the pain that comes with it can actually have benefits to both the mother and her baby. What is perceived as pain by most women in childbirth is the stretching of the cervix and contractions of the uterus. The stretch receptors in the cervix send a message to the pituitary gland to secrete more oxytocin into the system. More oxytocin intensifies labor from the standpoint that the contractions become stronger and longer and consequently efficient dilation of the cervix takes place. Once the cervix is completely open, the baby's head begins to stretch the pelvic floor and the mother has an urge to push her baby out. The whole time this is going on, the "pain", which is the sensations of the muscles working very hard, sends a message to the brain to begin to manufacture the body's natural pain killer, endorphins. Endorphins are responsible for what athletes call a "runner's high". The more oxytocin produced within the body, the more endorphins are produced. Thus, a woman in labor for several hours or days shows high levels of endorphins in her body and same holds true for her baby as well.

However, when pain relief in the form of drugs is introduced, these hormones are interrupted and neither the mother nor her baby benefit. The use of narcotics and epidurals has a blocking feature and actually cause the body to be less efficient in producing the hormones at the time they are needed. These relief measures, when given too early, may actually slow down labor, and be a reason in your care giver's mind, to augment labor with the use of an artificial hormone replacement (Pitocin). Pitocin is an artificial oxytocin which indeed causes the uterus to contract. However, since your body doesn't recognize this hormone as it's own, the endorphins needed are not produced to counter it. And, neither is your baby protected. Use of Pitocin has been seen to cause fetal distress, due to the potential hypertonic effect on the uterus. It is believed that the uterus may contract so hard that oxygen in some cases is actually deprived from the fetus; this often leads to emergency cesarean sections.

Given the opportunity to produce her own hormones as needed, the laboring woman will effectively move through labor and her body's mechanisms will produce the needed hormones and activity at will. The pain of labor can actually be a guide to the mother to assume positions that are conducive to shifting the baby into a good position for birth. The production of cortisol brings on oxytocin, which causes more endorphins in the body. This allows even more oxytocin to be produced and effectively, the mother will surge in strength giving hormones which will in turn produce more effective contractions and conversely more pain killing endorphins. (4) These will be sufficiently in place as the mother is ready to push her baby out. Oxytocin is also known as the love hormone and is particularly produced in concentrated amounts at the time the baby's head is crowning. (5) This along with an endorphin high (or those "warm fuzzy feelings") is present in considerable content just as the baby is born and two weeks beyond the baby's birth thus facilitating bonding of the mother with the baby. The physiological aspect of this process will strengthen her ability to nurture and take care of her baby in the weeks and months following birth.

When a mother is secure and supported and given the opportunity to labor as nature intended, when mother doesn't feel threatened, scared, nervous, or ignored, her body will effectively produce the needed hormones in a timely way to give birth. Birth has its own timetable. What might be right for one woman is not always the same for another. Labor support in the form of a female loved one or someone that is trained in childbirth (a doula) often helps the mother get beyond her fear and anxiety and into a "labor land" that promotes the more active phase of labor. Lights should be dim, talking should be at limited, and distractions should be minimal. The mother should feel supported, and given an opportunity to labor in an environment conducive to birthing. She should be able to move around at will and use birthing positions which will minimize pain and tension and further facilitate her natural hormone production. The use of water in the form a warm shower or warm bath can also promote this feeling of comfort and well being. (6)



When a laboring woman is comfortable, free of unnecessary distractions, and believes to be in a secure environment, her brain will actually convert from her sympathetic nervous system (her

thinking portion of the brain) to her parasympathetic nervous system. Labor and birth are a parasympathetic process. In effect, this means that the woman doesn't have to think to get her baby out. Her body will know what to do if she allows herself to switch to her non-thinking state. It is imperative that a woman feel secure in her environment to do this. She must know that her caregivers will assist her and uphold her wishes to labor as she needs to. As her mind shifts to a purely physiologic state, the baby will also feel secure. Even if a mother chooses to use loud grunting noises or loud vocal sounds, the baby can recognize when a mother feels supported and secure. His progress will be hindered or facilitated by the mother's own perception of safety, and bonding will be facilitated as well, since the baby is born into an environment where he too will feel secure. (7)

As a doula and a midwife, I have been given the opportunity to help many women achieve the above scenario. Hospitals aren't generally quiet, dimly lit and without interruptions. A mother's support people will be required to help her achieve the needed environment to produce a healthy active labor phase. Usually, staying at home to labor as long as possible until labor is well established accomplishes this goal. At home, the mother can eat and drink and rest at will and allow herself the needed nourishment and sleep for the long haul. At home, a mother feels secure, and can move about as she needs to. She can shower or take a bath as well. These things will promote a good active phase of labor and get the mother beyond the point where her labor could stall out due to the excitement and unfamiliarity of the environment of the hospital. Many women opt to stay at home and even birth at home in a planned homebirth. Using a support system of people that are comfortable with this is essential in achieving this goal.

However you might accomplish your goal it is important to take these steps in planning your birth environment well before labor begins. Getting your care giver's okay is essential and writing a birth plan with your desires stated will help to assure everyone involved that your needs are met. Take natural childbirth classes and consider hiring a doula or having someone with you that is like minded and willing to help you reach your goal. And, above all, educate yourself. Education is the key to a pro-active stand in giving birth and your motivation to "just say NO to drugs"!

Works sited:

**The Birth Book, William and Martha Sears(1,6)**

**Gentle Birth Choices, Barbara Harper, RN, (2,4)**

**A Thinking Woman's Guide to a Better Birth, Henci Goer (3)**

**Ina May's Guide to Childbirth, Ina May Gaskin (5)**

**Pregnancy and Childbirth Secrets, Gail Dahl (7)**

