

# Pain in Labor

---

*Pain in labor cannot be easily dismissed; nor can it be predicted solely by the amount of pain a woman anticipates.*

*Joyce Stahmann*

Not long ago, women in this country birthed their babies in a “twilight sleep” – under the influence of disorienting drugs that took away not so much the pain, but the memory of it. Here is how one woman described the experience: “what hurts, is forgetting. They buried the pain...so deep inside me there is no conscious record of it, but it makes its presence known. It moves at night, or at unexpected moments on an otherwise unclouded day, and I shiver and say, *what was that?*”

Today we know of many good reasons for giving birth without painkillers. It is safer and healthier for babies, mothers can be more active participants in the birth process, obstetric intervention is less likely to be needed, and bonding and breastfeeding can proceed more smoothly. Because drugs raise the risk of complications, they are not even an option at most homebirths. Yet, while many women want the positive aspects of a drug-free labor, we approach the event with trepidation: How much pain will there be? How will I cope with it?

Some women rate the severity of labor pain as a second-only to the pain of kidney stones. Others feel little or no pain. Still others describe labor as a peak experience similar to love-making. Author Margaret Sandelowski describes childbirth as “at once exciting, like a commix, and an agony, a mutilation, and a violation”.

In short, the sensations of labor vary widely. As expectant mothers, we are challenged by the inevitability of the process: the emergence of the baby cannot be avoided. Many of our predisposing responses, however, can be modified.

## The Denial Factor

The possibility of controlling labor pain was not popularized until anesthetized deliveries were introduced as routine practice in the last half of the 19<sup>th</sup> century. Pain control became even more popular with the rising interest in childbirth classes and “natural childbirth” techniques in recent years. One originator of such techniques was Grantly Dick-Read, a British obstetrician who believed that pain in labor was largely unnecessary. It is our *cultural beliefs* about childbirth that arouse fear, he said, and it is this fear that causes the tension and pain. He wrote: “The first stage [of labor] demands peaceful relaxation, quite assurance, and the ignoring mentally of what is going on in the uterus...*The secret of rapid opening of the cervix is to allow the skeletal muscles to become limp.* If the woman’s muscles outside the uterus are tense and rigid, this will tighten the circular muscles of the cervix. This creates a need for the uterus to work harder to push the baby out and causes pain.”

Ferdinand Lamaze, like Dick-Read, believed that our cultural conditioning causes contractions to be experienced as pain. He proposed that women be “trained” in breathing exercises so that a contraction can become the signal not for pain, but for a specific breathing pattern. While it is true that relaxation and breathing techniques are successful approaches to a drug-free labor, the “cultural fabrication” hypothesis must be questioned. Pain exists, despite one’s cultural beliefs.

A recent study comparing Dutch and American birthers showed that only one-third of the Dutch women used analgesia or anesthesia, compared with five-sixths of the American women. The implication was that because the Dutch women did not believe labor would be painful, they experienced less pain than the

American women. However, the researchers overlooked the likelihood that many aspects of the *birthing environment* could have prompted differing experiences of pain. Before jumping to conclusions about the cause of pain in labor, we must compare the cultural environments surrounding birth, the human supporters given during labor, and the labor-management strategies used.

In the Netherlands, trust in a woman's ability to give birth keeps medical interference to a minimum. In the United States, on the other hand, birth is regarded as a medical event. Laboring women – often immobilized by IV's and electronic fetal monitors – frequently experience a sense of disorientation, anxiety, and fear, combined with increasing pelvic or back discomfort that would, in another setting, be relieved by changing their position or by getting up and walking. Many women are denied not only their mobility but also the benefits of emotional support, which is frequently upstaged by the far greater importance placed on medical expertise and technology. Additional prohibitions placed on eating and drinking often contributes to a lengthy, exhausting, and painful labor. The experience can culminate in an awkward and panic-tinged transfer to a delivery room – and the delivery table.

The amount of pain felt in childbirth is influenced by all these factors. It is also influenced by a woman's relationship with pain. Pain in labor cannot be easily dismissed; nor can it be predicted solely by the amount of pain a woman anticipates.

### **Acknowledging the Pain**

Childbirth educator Adrienne Lieberman debunks the myth that childbirth in so-called primitive cultures is easy and relatively painless. She notes that Margaret Mead and other anthropologists have found that throughout the world, a pain-free labor is the exception and not the rule. Lieberman also points out that ancient cultures make use of an effective pain-counteracting technique: the support of experienced companions.

Social anthropologist Sheila Kitzinger takes this one step further. She not only rejects the idea that associating pain with labor produces a painful labor, but she insists that this notion had done more harm than good. "Mothers who have imagined that their labors would be completely painless have often suffered an unpleasant shock, and a woman not prepared for the powerful sensations and astonishing force of uterine contractions may easily panic," she explains. "Many mothers who try to drift away from the sensations of labor and who have never been made aware of the intensity of the feelings they experience, are unable to escape and are threatened by severe pain once the contractions get really powerful."

What produces these intense sensations is the physiology of labor itself. With the onset of contractions, the shape of the uterus changes dramatically – from that of an upside-down gallon wine bottle with a long, closed neck to that of an open, wide-mouthed mayonnaise jar. The cervix, extremely sensitive to pressure and stretching, is pushed open to accommodate the passage of a head about the size of a grapefruit. And in the process, the pelvic bones, vagina, and pelvic floor muscles must spread apart to their maximum.

Pain in childbirth is subjective experience as well. Anxiety, lack of information, and unrealistic expectations can all increase pain levels. On the other hand, approaching labor with confidence and coping skills can reduce pain levels, as can the presence of trusting, knowledgeable, and supportive people – particularly women who have been through the birth process themselves.

Giving birth is somewhat like running a marathon. When a runner arrives at a point known as "the wall," she often feels that she cannot go on because the discomfort is so great. If those in her midst cheer her on, she will probably continue; if they ask if she would like to drop out ("Would you like some anesthesia?"), she may decide she cannot handle the pain and would rather stop running. One study of world class runners found that the best marathoners dissociate from the pain of the wall by flowing with their sensations rather than focusing their thoughts elsewhere. Women who report painless labors describe their favorite techniques in much the same way: the picture what is happening in their bodies, then they relax and let go "into" it.

## Coping Physically and Cognitively

Lewis Mehl – physician, psychologist and author of the first large-scale studies on the safety of homebirths in the United States – says a great deal about coping with pain in labor. In the course of his work in psychosomatic medicine, he has observed that the differing degrees of pain felt during labor are directly related to two phenomena: physical tension and cognitive response.

The physical tension of labor, according to Mehl, is often rooted in the pelvic muscles, ligaments, and fascia. “Ours is a culture that provides a lot of reasons for being tight,” he comments. “Our ability to surrender is underdeveloped. We are conditioned to muscle our way through situations instead of finding strength in allowing, in letting go, and in the support of others.”

The problem of pelvic tension can be approached before labor begins. Bodywork – such as modified rolfing or mild fascial releasing acupressure, and craniosacral adjustment – is extremely helpful. Mehl also recommends any endeavor that heightens body awareness and the ability to release, such as yoga, biofeedback, hypnosis, visualization, and some of the martial arts. In his own practice, he uses hypnosis and visualization to release stored memories of pelvic trauma.

General fitness and personal growth work can also prepare the pelvis to relax during labor. Mehl recommends: “Instead of taking aspirin for an ache or pain, *take time to sit down and work with it.* Practice asking for and receiving help from others. Coping with pain is not about toughing it out; it is about dissolving – melting into the tension.”

Also contributing to the amount of pain experienced in labor is a woman’s cognitive response to pain. This, too, can be addressed prior to birth. According to Mehl, we live in a culture that has no concept of healthy pain. “No one wants to feel any pain,” he says, “We need to change our cultural belief that pain in labor is undesirable. Pain in labor is normal and usual, and nothing that cannot be handled. If we can change our attitudes and expect the healthy pain of uterine stretching, it would no longer carry such a negative connotation.”

When Dr. Mehl encounters a woman who believes that labor will be relatively painless, he tells her that it is really going to hurt and that she will handle it and be fine. “Building confidence, as opposed to carrying on the cultural denial of pain, challenges people to develop the ability to cope,” he explains. “If a woman goes into labor denying that it will hurt, her confidence may collapse when she meets up with reality. Then she will fight the pain rather than releasing and giving in to it. In Mehl’s experience, two women can have the same level of pain (as measured by biofeedback instruments) and yet respond very differently, depending on the brain’s interpretation of pain signals. To modify one’s cognitive response to pain, he recommends the use of *anticipatory guidance*. Relaxation training can decrease the number of pain impulses traveling up the spinal cord during contractions. Planning for physical activity during labor – walking or rocking or other movements performed in an upright position – can also help.

The difficulties that arise during childbirth are really opportunities for learning, says Mehl. “Women who put themselves down for not accomplishing their birthing ideals have forgotten that part of learning is to have an ideal and fall short of that mark. Immediate gratification does not lead to learning. We need to be more loving toward ourselves and more tolerant of how we learn...and how we birth.”

## Overcoming Fear

Ina May Gaskin – mother of five, author, and practicing midwife at The Farm, a community in rural Tennessee – has attended nearly 1,000 births and, in the process, developed a unique style of supporting women in labor. She believes that a laboring woman is an extremely sensitive emotional state, highly reactive to her immediate environment and the people in it. The amount of fear felt in this environment is, in Gaskin’s view, directly linked with the amount of pain felt in labor.

“I don’t kid women into thinking that labor will be easy,” she says. “I tell them that it will be harder than anything they’ve ever done. I talk about ‘rushes,’ waves of emotion and energy that are more like expansions than contractions.” Her use of the word *rush* serves as a signal to relax into, and not recoil from, the tremendous flow of activity passing through the uterus.

Gaskin describes midwifery as an art and says that the skilled artist can help a laboring woman raise her endorphin levels – instantaneously, in some cases. The skilled artist can also dispel fear or grimness, sometimes by placing a hand in just the right spot on the woman’s back or shoulder, and other times by admiring the spirit she is showing as she labors, or by telling her how beautiful she is. “There are times in labor when it helps to reassure women that they’re not going to rip in half or explode,” says Gaskin, “and that the pain is not going to do damage.”

The best way to prepare for childbirth, says Gaskin, is to face all fears. Rather than recommend specific training programs, she encourages pregnant women to talk about the things that scare them most, including death or baby with disabilities or malformations. “Be totally honest,” she advises. “It’s not easy, but it prepares you to face other challenges in life. A woman who undergoes a painful, difficult labor knows that she is strong. She sees the struggle as ‘worth it’ because of the baby, and the pain is soon forgotten. The pain of intervention however is not forgotten. A woman who believes she can give birth only with technical assistance may have trouble facing other tasks in life. Giving birth is an initiation of adulthood – a way of becoming a strong member of society.”

Whether we choose to describe labor as a painful or a peak experience, it challenges us, by its intensity, to step over the edge of our familiar landscapes into unknown territory. In a certain sense, we become “unrescuable,” fully surrendered to an ancient and mysterious process. Yet, as we surrender, we must also find the strength to be present for the contractions. When this happens, we go through a doorway of initiation and give birth to ourselves.

**Joyce Stahmann (35)** lives in Carrboro, North Carolina, where she works as a health educator and fitness instructor. Joyce is the single mother of Athena (10) and Miles (8).