

Midwifery basics

Humanisation of childbirth

3. Re-envisaging labour pain—a humanistic approach

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In this 3rd article of the 19th Midwifery Basics series, the authors explore the topic of pain in labour. Starting from their experiences as practising midwives and taking it into their research areas, all three authors have an interest in this subject. In this paper we address the ‘women’s paradigm of pain’, how this relates to ‘trust in the midwife’ (see Circle of trust – article 2 this series) and ways of approaching labour pain in practice using ‘working with pain’ and ‘functional pain’ theories.

Our own experiences of pain: experiential knowledge

As women who have all given birth and practised as midwives, we come to the idea of labour pain with experiential, practical, as well as theoretical knowledge. We have felt and witnessed the power of giving birth, watched in awe as women enter the ‘zone’ – as the hormones of birth dance through their bodies. All three of us, in our reading and research, see a relationship between pain and joy in birth (although this relationship is not always straightforward, and of course, is individualised to each woman’s experience – intense and relentless labour pain can also lead to birth trauma). There is a physiological reason for this joy, as the hormones of birth—primarily oxytocin and the endorphin response—also lead to feelings of calm, connectedness, and euphoria (Buckley, 2015). This potential for birth to be joyous and salutogenic, increasing the wellbeing of women and babies and families is a vital aspect of humanising birth. In this article, we will discuss some of our thoughts and research findings.

The woman’s paradigm of pain

One of us (SIK) has suggested that previous knowledge, attitude and practice around labour pain came from either a medical or midwifery paradigm, and that we now need to focus on the ‘woman’s paradigm’ (Karlsdottir, Halldorsdottir and Lundgren, 2014). As we discover more about how women actually feel about and approach labour pain, it allows us as midwives to reflect on and change our practice.

Although labouring women will describe the journey of birth as difficult and demanding (Karlsdottir et al., 2014), most will see this work as an expected part of the process of having a baby. The fact that women are accepting of labour pain is a point that needs more attention, because historically, and throughout much of the medical literature, it has been assumed that women either do not want to, or are unable to cope with labour pain (Newnham et al., 2018). We now know that this is not the whole story, as universally, women expect, prepare for and find coping strategies for labour pain (Karlsdottir et al., 2014; van der Gucht and Lewis, 2015).

Revisiting the Circle of trust model (see article 2, this series) and associated research, all women expected to feel some level of pain, even those who were planning to use pharmacological analgesia. Overall, the women’s attitude towards pain was ambivalent, and included ideas of pain as ‘necessary’ or pain as a ‘significant’ part of the transition to motherhood (Newnham et al., 2018).

I need to feel it. I think it is part of becoming a mum and going through that, I think why numb that? I think it's like—it's an initiation, I think for me, into motherhood (Annie). (Newnham et al., 2018, p.XX)

Midwifery support

As well as changing our understanding of how women view labour pain, an important part of this paradigm is the role of the midwife. Midwifery support plays a vital role in how a woman is able to think about, process and manage labour pain. Women have emphasised how a caring and competent midwife can affect their experience and how important it is for them to get individualised care and to have a good connection (Leap, Sandall, Buckland and Huber, 2010; Karlsdottir et al., 2014).

I could give birth in any circumstances, just if I had a midwife with me. That was what counted. It was so important. They talked me through the labour and birth, and they gave me compliments and encouraged me (Daniela) (Karlsdottir, et al., 2014, page 321).

Midwifery support may be more available to women who do not use pain relief, as the midwife tends to be more hands on, providing touch and reassurance. However, regardless of the pain management choice a woman makes, her perception of its effect is related to the quality of the mother-midwife relationship in labour (Thomson et al., 2019). It is therefore crucial to take the woman's own paradigm (attitude, expectations and experience) into account when planning midwifery care (Karlsdottir, et al., 2014; Karlsdottir, et al., 2018), with a focus firstly on supporting birth physiology, and the strength of each and every childbearing woman, rather than on abnormality or risk (Leap and Hunter, 2016), but knowing that all women, regardless of mode of analgesia, require continuous support. Importantly, in ENs study it was found that women often received inadequate information about the risks of pharmacological analgesia, a finding which has been substantiated in the results of a recent systematic review (Thomson et al., 2019).

Working with pain

Midwives who are reflexive of their own feelings about pain, who see the normality and power of labour pain, and can therefore take a 'working with pain' approach (Leap and Hunter, 2016) are better able to support women through their labour and birth journey (Karlsdottir, et al., 2014; Newnham et al., 2018). The 'working with pain approach' is pivotal to the 'Trust in the midwife' theme of the Circle of trust model (article 2 this series), as midwives need to reflect back to the woman her own sense of trust in her body to give birth (Karlsdottir et al., 2014; Leap and Hunter, 2016; Newnham et al., 2018).

A recent literature review supports our discussion here, finding that three main factors contribute to a woman experiencing labour pain as transformative and non-threatening: ongoing belief in the purposeful nature of labour pain (we suggest that this belief needs to come from both the woman and the midwife); that pain is perceived as productive; and feeling supported and safe (Whitburn et al., 2019).

Functional discomfort

Another of us (RS) has been looking at language around pain. Women are bombarded with images from popular culture about the management of labour pain (Sanders and Crozier, 2018). One discourse follows the physiological, biophysical route, often depicting the 'horror story' narrative with dramatic, screaming women and the hazardous potential of bodies to malfunction. The other shows the biomedical, anaesthetised path of the calm woman, seemingly comfortable yet

disconnected to their labouring state. Women's experiences may be formed by an uneasy blend of these two perceptions (Walsh, 2010). The physicality of labour is not comfortable—it is an embodied, corporeal experience that many women consider integral to becoming a mother (Newnham et al., 2018; Power et al., 2017; van der Gucht and Lewis, 2015).

Language is at the core of a different approach to labour. To transform it into a positive experience - a discomfort which is physiologically normal and expected – labour and birth need to be reimagined before the woman enters the birthing room. For example, much of the language used by professionals situates pain sensations outside the body, using seemingly unrelated metaphors to explain the experience (Sanders, 2015). Although some women might relate to these metaphors, using words like 'waves', 'surges' and other nature-based metaphors can also place women outside their bodies during labour. Midwives can encourage women to use physiologically accurate terms to discuss their sensations, enabling women to reconnect to the visceral physical changes present during birth.

Shifting focus from anaesthetising the body and eliminating sensations, to an approach enabling the physiology of birth to function has the potential to ease women's fear. Language which situates the discomfort within the body helps foster women's understanding that they are able to cope with labour. Discussing pain as functional discomfort is a way of negotiating women's ambivalence and acknowledged recognition in the inevitable yet unknown process of birth. Drawing psychological focus away from labour 'pain', which has been medically contextualised as pathological and unmanageable, and emphasising the purposeful and functional nature of labour pain removes the pathology while retaining its importance. It is suggested that pain avoidance techniques only serve to produce more pain (Klomp et al., 2013). Therefore, recontextualising labour pain from pathology and suffering, into a profound purposive and functional experience becomes essential in enhancing women's belief in their capability to birth. The humanistic midwife needs this different approach to enable women to navigate the discomfort of labour (Sanders, 2015).

Humanism and midwifery presence

Although we all strive to create a space where women are experts of their own experience, it is crucial to recognise our role as gatekeepers to pain-management solutions—in philosophical outlook, environmental influence and access to pharmacology. Women, mostly, want to experience a meaningful birth experience—avoiding drugs and intervention (Downe et al., 2018; Newnham et al., 2018) and they rely heavily on the presence of the midwife to support them through this. If we are to practice humanistic midwifery, we must first understand the physiological function of labour pain, how it supports birth physiology, and the hormonal cascades that can lead to joy and euphoria at birth. While many of you will already be practising this way, we hope that reading this paper will inspire you to think more deeply about how to work with women's pain, to talk about it with others, or to reflect on potential future ideas for knowledge or practice development.

Reflections for practice

Do you prioritise facilitating a good connection with a woman and her partner/support person when you meet them for the first time?

Are you always aware of how important your presence is for a woman and her partner/support person, to manage through the pain of childbirth?

Do you periodically reflect on your practice and how you assist women and their partners/supporters to manage through the pain of childbirth?

Do you have time to discuss pain management (including the risks and benefits of pharmacological analgesia) in a labour context with the woman and her partner/support person before she is in the 'labour zone'?

How do you think your own experience/feelings about labour pain influence your practice? Reflect on your own decision-making strategies when determining if you think women are coping in their labours.

Is there more information or learning you need?

Is there anything you can do in your practice setting to improve the way that labour pain is approached?

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