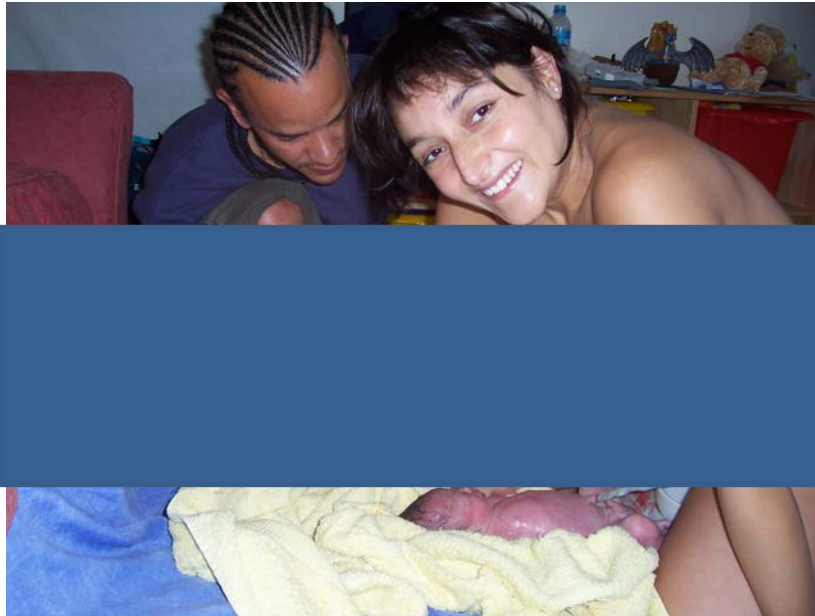


# No pain, no gain?



How the pain  
of labour is a  
woman's  
friend

Sue Brailey, Midwifery lecturer,  
Middlesex University London

# Capturing technology. The epidural revolution



- Steady rise in Epidural rates over last 30 years. Most recent Swiss statistic 47.2% (Luyben et al. 2012)
- Despite association with increased medicalisation and complications (Anmin et al. 2006)

# NORMAL BIRTH IS IMPORTANT...

- Vaginal birth continues to be the safest mode of delivery for women and their babies (Liu et al. 2007)
- Normal birth is cost effective (Declerq et al. 2007)
- Normal birth is associated with high rates of satisfaction (Hadari 2002, Kannan et al. 2001, Stadlmayr & Schneider 2004)
- Pharmacological pain relief is associated with a reduction in normal birth (Anmin-Somah et al. 2006, Klein 2006)



# Promoting normality

- Midwives are the only health professional specialized in caring for women with normal pregnancies, labours and postnatal periods
- This is a role recognised by international agencies (WHO, FIGO, ICM 1996)
- Midwives are trained to promote normality (RCM 2000)

# THE IMPORTANCE OF THE PAIN OF LABOUR



- Pain triggers neurohormonal cascades
- Pain ensures that women find a safe place to give birth
- Pain ensures that women seek support
- Coping with the pain of labour can be a hugely empowering experience



# ANNE'S EXPERIENCE

„Before the birth of my first child, I was shy and unable to stand up for myself. After giving birth at home with no drugs I felt like I was the most powerful woman in the world. I did it, I gave birth to my son, nobody did it for me. The experience has given me an inner strength and confidence in my own abilities that I didn't have before“

(Personal communication, 2001)

# BIRTH IS A RITE OF PASSAGE



- It marks a transition from one state (non mother) to another (mother)
- 3 phases: separation  
transition  
resolution

(Davis Floyd 1992)



# Jane's experience

„It was about the best thing that I ever experienced. I was totally amazed. The labour was like I had died. I had just died. The minute she came out I was born again. It was like we had just been born together“

(Leap & Anderson 2004)



# THE PAIN RELIEF MODEL



- A conviction that in this day no woman should have to suffer
- A paternalistic system where people want to be „kind“ and make full use of technology
- A belief that the disadvantages and risks of pharmacological pain relief outweighs the benefits of pain relief

(Leap & Anderson 2004)

# THE WORKING WITH PAIN MODEL



- Pain plays important part in physiology of labour
- Long-term benefits to normal birth for women's experiences and lives
- Women can cope with pain of normal labour  
(Leap & Anderson 2004)
- Birth is noisy, sexual and messy

# WOMEN RARELY NEED RESCUING



- The genuine need for pain relief is associated with abnormal labour
- Offering pain relief to a labouring woman is irresistible to her and associated with reducing her chances of a normal labour
- We need to be careful when discussing pain relief with women



# Ursula's Experience

“An epidural is offered very quickly in hospital, as soon as it hurts a little bit, we can give you an epidural, and I thought it does hurt a bit, I'll have an epidural and then you forget your own strength that's inside you, that you can give birth”

(Brailey 2011)

# THE IMPORTANCE OF CONTINUITY OF CARE



- Knowing their care giver reduces women's use of pharmacological pain relief

(Hodnett et al. 2006, Walsh & Downe 2004)



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# THIS IS ESPECIALLY SO WHEN THEY...

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- adhere to the working with pain model
- believe in the value of normal labour & birth
- have established a relationship with the woman
- are aware of the woman's wishes/birth plan



# CLAIRE'S EXPERIENCE

„I didn't want an epidural. That wasn't what I was saying. What I wanted was something magic that no one had ever thought of before, that you were going to invent right there and then to make it all better. But I didn't really want an epidural... It was an expression of my pain“

(Leap & Anderson 2004)



# FOUR FACTORS APPEAR TO INFLUENCE SATISFACTION:

- Personal expectations (Green et al. 1990)
- The amount of support from caregivers (Waldenstrom et al. 2004)
- The quality of support from caregivers (Waldenstrom et al. 2004)
- Involvement in decision making (Hodnett 2006)



# The importance of environment



- The brainstem is dominant, don't stimulate the neocortex!
  - subdued lighting
  - minimal eye contact
  - minimal talking
  - privacy
- Result:
  - ↑ Oxytocin
  - ↑ Endorphine
  - ↓ Catecholamines

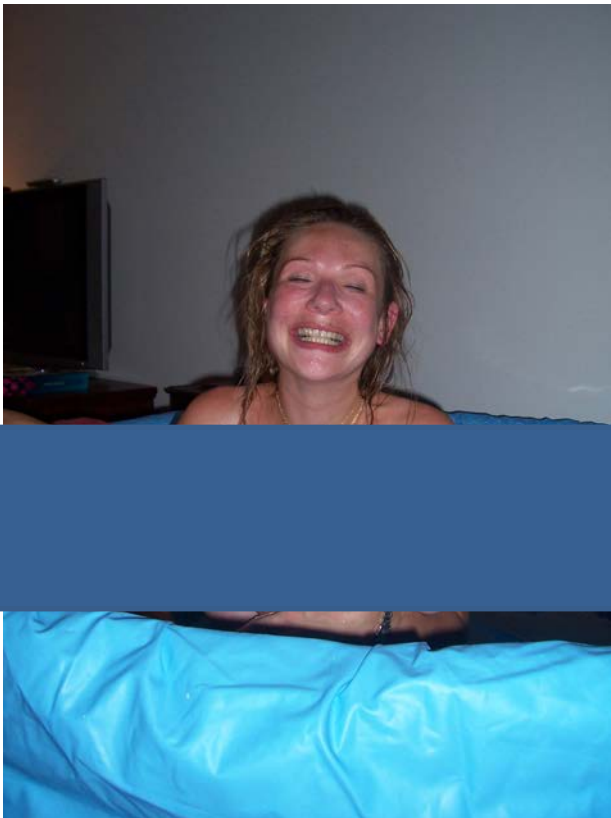
# Amanda and Lisa's experience

“noise, light, smells, all the senses, you're distracted from doing what you need to do”

“there are lots of distractions for women, that take women away from themselves, everything that happens outside is a distraction and pulls you out of yourself “

(Brailey 2011)

# CONCLUSION



- Normal labour = normal pain
- No direct relationship between decreasing pain and increasing satisfaction (Goodman et al. 2004)
- The environment in which women labour and how they are cared for will effect uptake of pain relief

# Conclusion



Birth can be an opportunity for personal growth, and a hugely empowering experience for women

# Conclusion



- As a 2012 Olympic slogan said.....

**PAIN IS  
TEMPORARY,  
TRIUMPH LASTS  
A LIFETIME!**

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