

UNDERSTANDING PAIN DYNAMICS in NORMAL BIRTH

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If you have been following my articles about birth in The Natural Parent magazine you will be aware that my focus is on normal physiological birth and I'm assuming that you the reader are also similarly attuned.

In this article I am delving into what I call 'pain dynamics' in labour. What do I mean? Well basically it's about what will happen in the personal and interpersonal realm when pain comes into play.

Functional physiological pain

When I speak about pain in labour, I'm not speaking about pathological pain arising from disease or damage. I'm referring to the normal functional physiological pain of birthing—the functional pain of the mother's body working at peak performance levels.

Now even though this functional pain is 'healthy' pain, nonetheless it's demanding. Given that not all of us are practiced at getting friendly with functional pain then this functional pain of labour becomes a major challenge for many women. Especially as the cultural message, which birthing women receive is that she shouldn't have to engage with the pain, and that in fact she should remain 'comfortable'. This is the seductive promise offered by the epidural.

Pain Dynamic: crisis of confidence

As the functional intensity of labour builds and the acculturated 'be comfortable' message stirs in the birthing woman's psyche a crisis of confidence arises, so that now the birthing woman wants out! In these 'hot' intense moments the seduction of the epidural swamps any resolve she may have had before the birth.

Of course, many women do not have any intention of engaging with the functional pain of labour in the first place, but I'm assuming if you are reading my article then probably you are likely to be a willing woman who does have the intention of working with your body, your baby and your pain towards a normal physiological birth. But even though you are a willing woman, your resolve will still be sorely tested at these crises of confidence points.

So, the first dynamic we need to understand and normalize is this crisis of confidence. Let me be clear here, **this is not a medical crisis**. It is an emotional, physical pain barrier crisis; a hitting the wall, hitting a pain barrier, hitting the unravelling of an—'I can't do it anymore'—moment. Those of us who engage in intense physical activities for fitness, pleasure or achievement know that these, hitting pain barrier moments, are a normal part of the deal—so too in birthing.

Within the birthing woman, when this crisis of confidence pain dynamic is activated, the 'be comfortable' mindset gains the upper hand.

Pain Dynamic: within the mother

As well as this acculturated 'be comfortable' mindset, the birthing woman will also face her personally constructed story in regard to functional pain and effort. You know her story about having a high or low pain threshold; her inner champion versus her inner wimp; her inner



Xena warrior princess versus her inner damsel in distress; sabotage thinking and avoidance patterns or the maintenance of her resolve for embracing the intensity. The crisis of confidence activates this internal conflict.

Pain Dynamics: interpersonal relationship dynamics

What happens to the birthing woman's original resolve is now more in the hands of who is with her and what they will do about this crisis?

Who is with the birthing woman and what is her relational dynamic with them, especially in regard to distressing, painful crisis of confidence moments in the midst of challenging experiences.

Are the partners and other birth companions going to become distressed themselves and want to save her? Are they going to be caught in a sympathy loop and therefore unable to hold a firm ground for her as she struggles with her inner resolve? Do they themselves hold any conviction for working with the pain or do they entirely agree with the cultural 'be comfortable' mindset?

Will her birth companions confirm the acculturated 'be comfortable' message—'oh you poor thing, yes you need to be comfortable'. Or will she have anybody with her who can encourage her on through this expected, normalised crisis.

After examining twenty-one trials involving over 15,000 women the Cochrane Collaboration found that with regard to normal birth: 'continuous support from a person who is present solely to provide support, is not a member of the woman's social network, is experienced in providing labour support, and has at least a modest amount of training, appears to be most beneficial.'

If you understand what I'm saying about interpersonal relationship dynamics you can see why the Cochran review findings stress, 'not a member of the woman's social network'; in other words not someone who will be caught up in a sympathy loop.

Pain Dynamics: 'ringing the circle'

As a crisis of confidence takes hold the heat gets turned up on all the relational dynamics in the birth space. The birthing woman wants out and she goes searching the circle looking for her way out—her 'saviour'. In many cases it's very easy for her to find the saviour who will offer the drugs, which she feels she needs right now! The obstetric team, her private obstetricians 'standing orders' for pain relief, or a midwife with a 'pain relief' mindset will be easy targets for her pleading demands.

Her partner too can become an easy target, singled out as the 'weakest link' due to their susceptibility to her distress. Perhaps the pattern in their relationship dynamic is the need to save her, to be the knight in shining armour who saves the damsel in distress. Perhaps the partner generally acquiesces to her demands or is full of fear and sympathy for her in these crises of confidence moments and therefore becomes a soft target for her imploring demands.

Pain Dynamics: credibility issue

Even if her partner or other birthing companions are committed in theory to remaining strong in their resolve to support her through any pain crisis by offering words of guidance and strength, the issue of credibility can then come into play in what I call, the 'what the fuck would you know' moment. With a dismissive look or uttered words anybody in the birth support circle can be found wanting if they don't have credibility with her in this birthing domain.

This credibility issue is another explanation why the Cochran review found that being 'experienced in providing support' is so important.

Polly's words paint the picture.

The pain was becoming unbearable—or at least, I had decided

I wasn't strong enough to do it this time with my second baby. I looked around at my three support people, searching their eyes for any hint of sympathy: an admission that what I was attempting was impossible and I could, therefore, give up now.

But no, their eyes betrayed no doubts, though my partner admitted afterwards that he had been filled with misery at my suffering this time. I zoomed in, pleadingly, on my midwife's eyes: she knew me least of the three, surely she would let me off. But her eyes gazed back, steadfast, confident.

Second stage was already harrowing but now I had to push as well. I felt myself beginning to lose it—I was drifting too far out now, getting lost in a big deep sea of pain. My team began calling me back, demanding I make eye contact. It was only through this focus that I was able to stay present enough to birth my big, beautiful baby girl.

I was with Polly for this birth (and previously for the birth of her first baby) and as she describes it was a demanding experience. Her description touches on all the pain dynamics mentioned here.

There's a crisis of confidence manifesting in Polly's self-doubting self-talk; the 'ringing the circle' searching for sympathy dynamic was activated; her need for 'credibility' via the midwife to her question about whether she could keep going or not; her leaning into the support circle during these crucial moments in her labour, all leading to the beautiful empowered birthing of her very bonnie baby girl just as she had intended.

These pain dynamics create a dance with unexpected shifts and moves. An intricate dance is unfolding with subtle shifts in who is leading, who's following; who's initiating, who's responding; who's holding, who's releasing—the mother now, then the baby, maybe the partner and birth companions—all add their moves, grooves, rhythm and timing.

So the savvy, willing women needs to make excellent choices in support of their intentions and birthing capacity, choices that take into account these pain dynamics.

In my next article for the Summer issue of the Natural Parent magazine I'm going to expand on the importance of the midwife's role, by looking at some midwifery research and theory that sheds light on the themes I've been exploring with you.

You can find expanded discussion of all the points I've made in this article in my book 'Birth with Confidence: savvy choices for normal birth.'

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