

The Role of Expectation at Natural Births

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At every prenatal couple meeting, I make it clear that I will support the kind of birth experience this couple desires -- and I mean that. For those who aspire to a non-medicated birth, I will offer ideas that I believe will facilitate that outcome. This article is an outgrowth of many years spent as a birth doula, helping make natural birth a satisfying reality.

Over the past twelve years that I have been assisting birthing mothers in a hospital setting, an important dynamic has emerged for me: the role of expectation as it applies to natural birth and doula support. Having a natural birth takes preparation; there are many important choices to be made along the way which implies taking classes, reading, and talking to others who have gone down this often challenging path.

My own introduction to -- and appreciation for -- natural birth came through childbirth classes my wife and I took with Dr. Robert Bradley in 1967 and 1970, when our daughters were born. Dr. Bradley worked to instill trust in the birth process; it was his underlying theme around which he helped us build confidence, and eventually our trust in the process guided our positive expectations of our own birth outcomes. Dr. Bradley was ahead of his time in shunning routine interventions, advocating fathers be allowed to accompany their wives into labor and expecting the partner's presence to be of great supportive value to his laboring mate. The "Bradley Method" continues to guide couples who trust the birth process and who need education and confidence.

I define "natural birth" in a hospital setting as a laboring mother having nothing more than electronic fetal monitoring and an IV after being admitted at four or five centimeters. My guess is that actually happens in our hospitals less than five percent of the time (although much of the labor and delivery staff I've talked to here in Colorado Springs believe it to be under 3%.) Are you surprised? Well, take away the 70% to 90% of mothers who have epidurals, the 30% C-section rate, declining VBACs, and IV narcotics. Add in inductions, early rupture of membranes at admission, nurses encour-

aging drugs, doctors in a hurry, and horror stories freely told by other mothers. How many mothers are left who are laboring with confidence, on their way to a natural birth experience? (Allow me to quickly acknowledge the precipitous births of mothers admitting at eight or more centimeters and delivering in the next few minutes). The number of mothers left, who could possibly have an unmedicated birth, form a very small group indeed.

As you can see, we have a lot of fear-based “expectation” to overcome. I am a full-time, prenatal massage therapist, and the vast majority of the nearly 900 mothers, who have come through my practice, would like to have a natural birth experience with no interventions. So where is the disconnect that facilitates the early AROMs, IV narcotics, epidurals and C-sections? I believe the disconnect is mother, nurse and doctor driven: by mothers through fear, nurses by daily experience, and doctors through being in a hurry.

For many new mothers, fear is acquired from listening to other mothers. And with our current, highly-medicalized hospital birth practices, mothers with bad experiences become the vocal majority -- and they are happy to share their stories. They usually advise, “Get the epidural”. And the new mother, having heard from several of these women, promptly voices, “I will probably need/get an epidural.” This has become her expectation. Doulas who strongly encourage and support natural birth have to start right here by providing a different vision, offering new possibilities and changing expectations.

Setting The Expectation With The Mother/Couple

Again, I see this as a given: most mothers want a natural birth; most expect to ask for an epidural. In interviews I always want to know what kind of birth experience the couple would like to have. If they aspire to a natural birth/pain medication-free birth, I can effectively support that. We will talk first about their trust in the process. And I listen carefully to their fears. I talk about trust and fear as being two sides of the same coin.

“You have complete trust that your body knows how to develop this baby, and you can have complete trust that your body knows how to birth this baby. TRUST this proc-

ess.” On the other side of the coin is fear; enter the doula. “When you have a doula at your birth, you will have someone who is a continuous presence; you will feel fully supported. And when you feel fully supported, you feel safe. Feeling safe allows you to let go of fear.” There you have it: a high level of trust and a low level of fear. This is doula magic! Above all, as doulas, we can lower fear and enhance the process.

This is my beginning point in planting the seeds of great expectations. This may well be the first time someone has suggested that, “You can have a natural birth, and we can do this together.” Many times I have felt a shift in attitude; it came from my positive voice and my own confidence. A mother must truly feel safe to really adopt our positive view, so our language is important, for it conveys our trust in the process. Our calmness in labor and delivery conveys our lack of fear.

I believe that a mother who feels empowered to embark on the natural birth journey should have this statement as the first one in her birth plan: “We would like to work with a nurse who is supportive of natural birth.” We’ve set an expectation. Over the years I have been aware that this statement, along with the presence of a doula, can change a nurse’s expectation. So many times I have heard, “Oh, you have Keith with you. You’re going to have a wonderful birth.” Substitute your own name for mine. You know the story. You’ve earned this reputation through hard work: sacral counterpressure, hot packs on the low back, movement, position changes, the shower, the birthball, and a calm presence that speaks of trust in the process.

Nurses And Doctors Come On Board

A laboring mother’s trust may inspire her to say, “I can do this,” and labor accordingly. Nurses are sensitive to mothers who are succeeding with their coping skills, and they often become supportive in a different way. Their behavior changes; their language changes, and they too may adopt the natural birth goal of the mother. With all this positive energy the doctor can feel comfortable coming on board and allowing a natural birth to take place. I say allowing because doctors, too, may follow the lead of a mother laboring calmly with confidence and the support of her team.

One of the most striking behavior changes I have seen is that of giving a mother more time. This is no small relinquishment of control for take-charge doctors. But hav-

ing trust in a doula (built over time) can put a mother in a different category. In this category there is a continuous presence of a competent doula, known to be patient and skilled in pain relieving comfort measures such as sacral counterpressure and hot packs on the low back. From past experience with this doula, the doctor knows this mother need not be labeled “failure to progress”; there is an expectation and a comfortability that allows more time to be given. We’ve all rejoiced at the end of a long labor with a vaginal birth; we were given more time, and we knew we made the difference. And doubtless, the doctor knew it too.

Along with positive expectation, there must also be trust: trust in the process and trust in the doula. I recently assisted a VBAC mother who was allowed intermittent monitoring. I’ve worked with this OB several times before and have had powerful, natural birth outcomes. This type of monitor-

ing gave us the opportunity to change positions often, spending a lot of her time on hands and knees. The sacral pain focused in the low back changed to pubic pain focused in the front. What may have been an OP positioning was obviously OA at birth; what could have been a repeat C-section was a successful vaginal birth with no complications. It is so much easier to try a variety of positions when not on the monitor.

Keep Your Water: A Natural Aid to a Natural Birth

If a mother is determined to have a med-free birth experience, I want her to also be determined to keep her water. As doulas, if we’ve helped her to adopt the expectation that “I can do this”, we must also help her understand how an early rupture of membranes can sabotage her aspirations. I want her to read about it and decide for herself about early rupture before she goes into labor. Hence Goer in “The Thinking Woman’s Guide to a Better Birth” addresses this well in Chapter 6 (subtitled: “If It Ain’t Broke, Don’t Break It”).

In visiting childbirth education classes, I talk about what I see as the five critical factors in having a natural birth. Keeping the amniotic fluid is one of the five. The water serves as a highly effective buffer for pain and can be kept as long as possible for the sake of coping with the intensity of contractions.

When the doctor says, “I’d like to break your water to speed things up a little bit,” the laboring mother can say, “No thank you. I’m not in a hurry.” At a prenatal couple meeting I advise a couple to respond this way to the proposed AROM to preserve this all important pain cushion to avoid pain medications (all of which cross the placenta). Note that whatever has entered the baby’s blood stream is trapped there the moment the cord is cut and has to be detoxified by the newborn.

We have all heard a mother say, “I can’t do this” ten to fifteen minutes after the early rupture and request the epidural. “I plan to keep my water and let it break on its own” is an important statement in the birth plan.

While I see this issue often trivialized by doctors and nurses alike, I feel strongly that a mother retaining her water through full dilation is ideal, and it is a key component in achieving a natural birth.

I will soon have a “three-peat” with this doctor, with a mother whose first two births were memorable because of her confidence and determination. She needed no drugs, and she had the continuous support of a doula. The first question asked by her OB was...”Will you have Keith at your birth again?”. Expectation: this mother/father-doula team will create another remarkable, natural birth. My expectation is that the behavior of the nurse and this OB will fully support our efforts, and we will all celebrate another birth without interventions.

While we’ve explored the influential role of expectation surrounding the birth process, positive expectation, and very possibly a new vision, are developed jointly with the couple and the doula. As they move into the hospital setting, the behavior of nurses and doctors may make subtle to dramatic changes that support this mother’s natural birth goal. Let me stress that the doula must have earned respect at all levels. There is trust and confidence in this person, won over time through powerful birth experiences. Every time you leave a birth and know you made a difference, you have also affected the complex of expectations that will go before you at your next birth. The role of expectation and the way it can change behavior is an extraordinary dynamic; it’s doula magic!

Keith Roberts is a full-time prenatal massage therapist in Colorado Springs, having worked on over 800 mothers in the past 14 years. He is a DONA certified birth doula and has assisted at 145 births. He is also a studio photographer, photographing pregnant mothers and couples with their newborns. Many of his black and white prints are displayed in labor and delivery at local hospitals and OB offices. You can visit his website at: KeithRobertsLMT.com or email him at keithandjane@comcast.net.