

## Labor pain is good for you

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#### **It's good for women to undergo labor pain: Professor Denis Walsh**

According to a latest claim by an associate professor in midwifery in the University of Nottingham, women must bear labor pain, as pain-relieving drugs including epidural injections, can lead to serious medical complications.

The medical chief Dr. Denis Walsh asserted on the need to take the help of yoga , birthing pools and hypnosis, to strengthen the bond between the child and the mother. Walsh said that "It's beneficial for women to suffer the labour pain of a natural birth."

Meanwhile, other experts have reacted strongly to the views of United Kingdom's renowned midwives. The experts say that Dr. Walsh has gone a bit too far in exaggerating the risks associated with epidural drugs. Sally Russell of the Netmums website refuted claims by Dr. Walsh as 'an absolute rubbish'.

#### **Women try to avoid labour pain**

An increasing number of pregnant women try avoiding labour pain caused due to natural birth, by taking pain-killers and injections, to get relief from the pain.

Latest statistics reveal that there has been an increase in the women-in-labour receiving epidural or spinal anaesthesia. In 2007-08, nearly 33 percent women opted for pain-relieving and spinal anaesthetising including injections to ease the pain as compared to 17 percent women in 1989-90.

"A large number of women want to avoid pain. Some just don't fancy the pain [of childbirth]. More women should be prepared to withstand pain. **Pain in labour is a purposeful, useful thing, which has quite a number of benefits, such as preparing a mother for the responsibility of nurturing a newborn baby,"** stated Dr. Walsh.

#### **Doctors, media behind increased use of epidurals**

while asserting on the fact that labour pain is quite natural and a healthy way for child birth, Dr. Walsh blamed media including films and television for portraying labour as a highly medicalised process. He also asked the maternity units to forego pain-relieving medicines and instead ask women to go for body message, yoga, hydrotherapy and hypnosis to ease the labour pain during child birth.

Walsh maintained that women in the west had never been afraid of giving birth to a child in a natural way.

He also put the blame on physicians who are increasingly providing epidural injections to women-in-labour which could lead to serious medical complications during first and second stages of labour. He said nearly

20 percent of pain-relieving drugs were being provided to women unnecessarily by the NHS (National Health Service).

Moreover, epidurals could also lead to a decline in the rates of breast-feeding for the new born as normal labour increases the bonding between the mother and the baby . **“Emerging evidence shows that normal labour and birth prime the bonding areas of the mother's brain more than Caesarean or pain-free birth,” Dr. Walsh maintained.**

Dr. Walsh's article for Evidence Based Midwifery is published by the Royal College of Midwives

**Pain in labour is a normal physiological reaction;** it is there for a reason. Unfortunately Westerners are reluctant to accept that it is normal and they do a lot to relieve it.

In a normal labour, pain can be used in a positive manner. We react against the pain by tensing and fighting it.

**Labour pain is positive pain that will have a positive end the baby .**

It is **not the same kind of pain that suggests illness or problems.** The pain of each contraction will not be experienced again when it passes;

**Each pain is a step nearer to birth .**

The midwife is there to help and support the woman through her labour and through the pain... Contractions build gradually and allow the body's natural endorphins to reach their peak and allow the mind to accept the pain as it increases.

**Pain changes with each stage of birth .**

In the **first stage** , pain needs to increase as the contractions increase to allow the physiology of labour to progress.

In the **second stage** the pain is different, less intense, more expulsive. When the head crowns, pain is there to tell the woman to take it slowly, to gently birth her baby, to allow the perineum to stretch.

In the **third stage** , the pain is there for her to know when to birth the placenta. If the woman is allowed to relax and is allowed to believe that her body can birth, she is more able to accept the pain.

We all find it difficult to see a woman in pain, even at normal levels. Each woman has different reactions to pain, so pain relief should be individualized and not a routine offer from a list.

Most pain relief does not take pain away as completely as the name suggests. It makes pain easier to accept and can help a woman relax and concentrate on the birth if it is used positively.

Pain relief can come in many forms. A supportive, positive midwife who believes in a woman's ability to birth can be a great form of pain relief! A comfortable position, to be able to adopt that position, mobility, feeling supported-all can be pain relievers. The midwife does not have to resort to pharmacological forms of pain relief-they often lead to a cascade of intervention. We all know of births that are going well until the epidural is sited, the pain goes, the contractions are not felt, the woman does not know when her body wants to push. She needs to be told, she needs to be "helped," she needs further intervention. Pethidine does not relieve pain; it takes the woman away from her body, out of her control and into the control of others. Pain relief can make the labour ward more manageable-contact and support for women is not needed if they are quiet. Pharmacological pain relief has its place, but it should be used wisely.

**The pain of labour is there for a reason. We need to understand it and accept it, and not be afraid of it. – Helen U.K.**