A LABORING WOMAN’S RELATIONSHIP TO PAIN AND HER ABILITY TO COPE

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3/1/16

• 43% of women who had planned a NB ended up with an epidural in labor. Hospital in Boston

• Kpea, L, Marie-Pierre B et.al. 2015. Initial preference for labor without neuraxial analgesia and actual use: Results from a national survey in France, Anesthesia & Analgesia. 121(3):759-766.

• French Retrospective study using birth statistics from 2010 and PP interviews. N=7123 women with vaginal deliveries at low risk for C/S- 26% initially wanted NB (n=1835) - of the 26%, 52% delivered with neuraxial analgesia. Epid. All women in the study started labor spontaneously. Use significantly associated with: nulliparity, Pitocin aug, presence of an anesthesiologist in house and high midwife workload.

• Norwegian population-based study. N=39,475 - women delivering between 2000-2006 and expressing preference for natural birth. 29.3% Primiparas and 61.1% Multiparas had NB.


69 articles meet criteria. Concluded that women underestimated the pain they would experience and many who had initially wanted an unmedicated birth chose pharmaceutical pain relief in labor. “Inaccurate or unrealistic expectations about pain may mean that women are not appropriately prepared for labour.”


N=509. 63% of women who had planned a NB ended up with an epidural in labor. Hospital in Chicago.
What value can women find in natural birth?

- **Flexibility** - Ability to adapt and accept what can’t be changed,
- **Capability** - empowerment, determination, self-confidence, self-efficacy, sense of the ability to be extraordinary when it is needed,
- **Accomplishment** - pride in participating 100% with her best effort
- **Self-discovery** - experiencing inner strengths that were previously unknown
- **Connection** - deepening her relationship with partner, providing a meaningful service in life, connection to the miracle of life
- **Maturation** - self-respect, gratitude, humility, transformation into the new role of motherhood
RESPONSES TO PAIN

1. **Enduring pain** - tolerating it, toughing it out

2. **Resisting pain** - fighting it, objecting to it - suffering (negative judgment about what one is experiencing)

3. **Avoiding pain** - looking for an escape, a way out, changing the sensation (pain medication)

4. **Coping with pain** - accepting the experience, agreeing with the sensation, trusting, feeling oneself as part of the power and process (affirming what one is experiencing)
Coping is in the middle of the pain, the fatigue, the disappointment- they are included. It is not an escape. It is experiencing the disturbance from a higher level inside of yourself. Coping doesn’t negate the disturbance- it changes your experience of it.
• What effect might we see on laboring women’s decision making regarding pain management with recent availability of nitrous oxide gas on L&D?

• Are we increasing the difficulty of having a natural birth by “the temptation” of nitrous oxide?

• How do we prepare our clients who want a natural birth prenatally for the availability of nitrous oxide?

• How might the use of nitrous oxide in our natural birth clients affect their birth satisfaction level?