Why Keep On Keeping On?

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ABSTRACT

As a noted author of childbirth education articles, books, and videotapes, Penny Simkin muses over the changes in maternity care during her career and the lessons she has learned. She searches for reasons to keep on working to bring normal birth to women, especially in an era when medical intervention based on editorials rather than evidence continue to increase.

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For the past 37 years, my profession, my avocation, my passion has involved learning about, teaching about, writing about, and caring about childbirth and childbearing women and families. All aspects interest me—from the physiology, psychology, anthropology, and sociology to the politics and economics of maternity care.

THE INFINITE ONION

Learning about birth and its myriad complex influences is like slowly peeling layers of an onion—always getting closer to understanding it, but never finishing, because this onion is an infinite onion. The more you peel away, the more remains. There is always more to figure out.

As I have peeled away at the onion over the years, I have had many epiphanies and satisfying moments when, suddenly, things looked different to me. I have acted upon such observations by studying them, teaching and writing about them, or portraying them in video or illustration. I have experimented with labor positions and movements to take advantage of gravity or to change pelvic

shape or the position of the fetus. I have looked for comfort aids and designed various devices to ease or provide assistance for a position or movement. I have trained doulas to assist women and their partners with the challenges of birth.

After musing over some of the most satisfying ideas and thoughts that have come to me over the years (heavily influenced by my heroes, friends, and childbearing women), I have compiled the following list, arranged roughly in the order in which the ideas became a part of my conscious awareness:

- The pleasant recognition that my physical therapy background provided an excellent framework for understanding nonpharmacological methods to relieve pain and promote progress in labor.
- The sudden awareness of the absolute wrongness of everything we were doing in the 1970s to women during the second stage of labor (positions, pushing, and episiotomy).
- The benefits of walking during the first stage of labor and squatting during the second stage.

Many of Penny Simkin's books are available from the Lamaze Bookstore and Media Center (www.lamaze.org).

- The common sense of spontaneous bearing down instead of prolonged breath-holding and maximal straining during the second stage of labor.
- The excitement of figuring out effective ways to teach challenging topics, concepts, or comfort measures so people will understand, remember, and apply them to their own experiences.
- The existence of phases during the second stage of labor (as in the first stage), each with different sensations and physical and emotional characteristics.
- The design of the squatting bar for birthing beds.
- The healthy openness of children to the sights and sounds of labor, and the opportunity to provide them with a positive view of birth as they become siblings.
- The impact of excessive stress in labor—its physiological, psychological, and behavioral impact on the woman and her fetus.
- The distinction between pain and suffering, stress and distress in labor.
- The profound psychological impact of the birth experience on the woman and her family.
- The absolute bottom-line requirement for long-term childbirth satisfaction: continuous kind and respectful emotional support for the woman and her partner.
- The recognition that the birth experience is never forgotten by the woman, and the responsibility of doulas and caregivers to nurture and protect the memory.
- The tangible and intangible benefits of a doula during birth and the postpartum period.
- The profound impact of early childhood influences, especially sexual abuse, on the childbearing woman.
- The value of attentive, nonjudgmental, empathetic listening to women in distress as validation and healing for the women and as a powerful learning experience for the listener.
- The essence of coping during the first stage of labor: relaxation (during and/or between contractions); rhythm in the laboring woman's actions and thoughts and in the actions by others; and ritual, the repetition of the same rhythmic activity for many contractions.
- The widespread, unnecessary, and preventable suffering (e.g., mood disorders, poor physical recovery, breastfeeding difficulties, sleep deprivation, and poor physical healing) by the mother and her family caused by an almost total lack of professional attention and social support during the postpartum period.
- The awareness that women's responses to distress and fear are best described as "tend and befriend" rather than "fight or flight," and applying this knowledge to women in labor.
- The recognition that the lack of pain brought by the epidural does not eliminate emotional stressors; women still need emotional support to cope with the unique stressors that accompany the epidural.
- The potential benefits of a birth sling to support women in the dangle position in order to aid the birth of an asynclitic or occiput posterior baby.
- The purity of the doula's role during childbirth: temporarily putting aside all of one's personal priorities in order to be there completely with and for someone else in need.

And then there are the women and the opportunity to share in their births—witnessing not only the amazing births of their babies, but also the compelling vision of the women giving birth to themselves and emerging as wiser, stronger women, though sometimes stunned, battered, bruised, and overwhelmed. Seeing the tenderness and sweetness of many partners—their concern, their helplessness and anguish, their constancy and patience, and their tearful relief when the mother and her baby come through it—brings home to me over and over again that I am witnessing and being a part of the essence of life and love.

WHAT IS HAPPENING IN MATERNITY CARE?

Although there are still many amazing things about birth to learn and experience, my wonderful avocation is less rewarding these days. It is discouraging to realize that women are less likely than ever before to have normal births without medical interventions. Although those of us in childbirth education and labor support who believe in "birth as nature intended" (to borrow a wonderful term from Judy Lothian) know more than ever before about keeping birth normal, much of this knowledge is unlikely to be implemented in the hospital. Maternity care is on a different course, advancing toward complete replacement of the normal processes by manmade approaches that give an illusion of control over the highly unpredictable birth process. No scientific evidence supports the view that highly managed birth is superior to spontaneous,

mother-friendly childbirth with humane support, individualized care, and unobtrusive monitoring (reserving additional interventions until needed). Indeed, the evidence points us away from many of our “new advances” in maternity care. The concept of “evidence-based practice,” which was the gold standard for maternity care in the 1990s, seems to have given way to “editorial-based practice,” at least in the United States.

The cesarean, induction, augmentation, and epidural rates are at an all-time high. Continuous electronic fetal monitoring is more the rule than the exception. Vaginal births after a previous cesarean are rapidly disappearing. The emphasis on cost-effectiveness that dominated hospital economics in the 1980s and 1990s seems to have been replaced by a new emphasis on the utilization and reimbursement of high-priced tests and technology. This practice has hurt the low-intervention care providers. Longtime, successful nurse-midwifery practices are being shut down. Family physicians cannot attend births because their malpractice premiums are too high. Women’s choices are narrowing (although they can choose to have a cesarean, if they wish).

We are watching many birth-giving women become helpless, passive vessels. They cannot carry out even the simplest act—roll over, urinate, drink to quench their thirst, or walk—without the permission or assistance of the nurse or caregiver. Attention during labor consists more of monitoring the monitors and tweaking and adjusting medications than interacting with the woman. (The wonder to me is that some extraordinary nurses can accomplish their technological tasks while creating a welcoming and supportive atmosphere. They are the real unsung heroines in maternity care.)

WHY KEEP ON KEEPING ON?

I despair over the state of today’s maternity care. And I ask myself, “Should I give it up? Should I retire to my rocking chair and learn to knit?” It is depressing to witness my vision of birth being driven further and further away. But there is a part of me that would like to see one more swing of the pendulum before I call it quits. And when or if that pendulum does swing back, I don’t want our hard-won knowledge to have been lost.

I remember all too well in the 1970s and 1980s trying to figure out why squatting and movement make a difference, and how babies rotate and emerge face up when the woman is on her hands

and knees. I remember my personal epiphany when I realized that episiotomies are not part of normal birth. I was moved to tears in 1974 when I first heard Marshall Klaus tell us new babies and their mothers belong together, and recalled my own longing for my babies during the hours that we were separated. I don’t want us to forget all of this. I don’t want future generations to have to start at the beginning to peel the infinite onions that we have already started peeling.

As long as committed individuals and organizations like Lamaze International, DONA International, the Maternity Center Association, the Coalition for Improving Maternity Services, the International Childbirth Education Association, the Midwives Alliance of North America, and dozens more continue the struggle to understand and promote normalcy in birth; as long as women have babies with little access, education, and support for birth as nature intended; as long as midwives are stifled in their opportunities to practice their safe, effective, and mother-friendly brand of care; and as long as the joy and wonder of being with childbearing women remain for me, there is reason to keep on keeping on.

I will keep on.

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