From Psychoprophylactic to Orgasmic Birth

Barbara A. Hotelling, WHNP-BC, CD(DONA), LCCE

ABSTRACT

The assumptions on which educators based childbirth education principles were valid when psychoprophylactic birth became available. Yet, educators and health-care providers have changed their assumptions about birth as they have learned more from the midwifery model of care, how women want to give birth, and how capable the body is to give birth. Educators' teaching must now emphasize the synchrony of hormones that facilitates birth, the Sphincter Law, and the sharing of woman-to-woman stories throughout the generations if birth is to be set in its rightful place—in the hands of the mothers.

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As childbirth educators, we have come a long way in 50 short years. Although birth remains largely the same process involving the same physiology, our knowledge has changed. Our support of expectant women has evolved from a method to a philosophy and now to an understanding of the power of women, especially at the time of birth. We began with a method to give women the skills to manage their own births rather than have them managed for them. Psychoprophylactic birth was, according to The Free Dictionary (2009), “a method of preparing women for childbirth without anesthetic, by means of education, psychological and physical conditioning, and breathing exercises” (para. 1). Lamaze preparation, based on psychoprophylactic birth, gave birthing women a voice that was muted for several decades. Women were educated about the normal processes of birth, their choices in having their husbands or other support people with them, interventions they may face, cesarean surgery, breastfeeding, and postpartum adjustments they would

make. Women began asking questions and participating in the decisions involved with their births.

The Lamaze method of psychoprophylaxis eventually became associated with natural birth. Wikipedia (2009) defines natural birth as:

...a philosophy of childbirth that is based on the notion that women who are adequately prepared are innately able to give birth to their child, without external intervention. The term “natural childbirth” was coined by obstetrician Grantly Dick-Read upon publication of his book Natural Childbirth in the 1930s, which was followed by the 1942 Childbirth Without Fear. (para. 1)

Parents were confused by the changing terminology. Many associated Lamaze with specific breathing techniques, ignoring the education and the psychological and physical conditioning that was also offered along with the breathing and relaxation techniques. Some parents felt distressed by

an “unnatural birth” or cesarean. When the World Health Organization published its definition of normal birth in 1996, Lamaze developed its *Six Care Practices That Support Normal Birth* (now known as the six *Lamaze Healthy Birth Practices*) to coordinate the messages it had already been promoting through its philosophies for birth, parenting, and breastfeeding. The World Health Organization (1996) stated:

We define normal birth as: spontaneous in onset, low-risk at the start of labour and remaining so throughout labour and delivery. The infant is born spontaneously in the vertex position between 37 and 42 completed weeks of pregnancy. After birth mother and infant are in good condition. (p. 4)

Today’s labels for birth have evolved to include physiological (vs. pathological) birth, ecstatic, undisturbed, and ultimately orgasmic birth. Dr. Sarah Buckley’s (2005) comments show how intertwined the terminology is:

Giving birth in ecstasy: This is our birthright and our body’s intent. Mother Nature, in her wisdom, prescribes birthing hormones that take us outside (ec) our usual state (stasis), so that we can be transformed on every level as we enter motherhood.

This exquisite hormonal orchestration unfolds optimally when birth is undisturbed, enhancing safety for both mother and baby. Science is also increasingly discovering what we realize as mothers—that our way of birth affects us life-long, both mother and baby, and that an ecstatic birth—a birth that takes us beyond our self—is the gift of a life-time. (para. 3–4)

With the addition to our culture of films such as *The Business of Being Born*, *Orgasmic Birth*, and *Pregnant in America*, current education of expectant parents must address the information that these films introduce. All three films speak to the hormonal orchestration within women’s bodies that guide birth, the innate wisdom of women to make the right choices in every aspect of pregnancy and birth, and the view that sharing stories of birth gives women power. The addition of this information to my classes have proven, in postclass evaluations, to strengthen mothers’ beliefs that their bodies, indeed, are meant for giving birth and that in trusting

their intuition they can safely give birth without unnecessary interventions.

SYNCHRONY OF HORMONES

It is not enough for childbirth educators to tell women that their bodies are made to give birth and to trust their innate wisdom. When we say those things, we refer to the wondrous synchrony of hormones that complement each other to facilitate the easiest birth. Women must hear about oxytocin that is released in pulses, coordinating beautifully with the release of beta-endorphin that makes labor effective, but not severe. They must hear about the oxytocin receptors in the myometrium of the uterus that increase 30–100 times in the first trimester of pregnancy and by up to 300 times by term. They must understand that when the pregnancy is not allowed to come to term, development of these oxytocin receptors is not complete and uterine contractions are compromised. Oxytocin from the baby is believed to cause labor to begin. Oxytocin can only be produced by the mother and the baby, and when synthetic oxytocin is introduced into the body, oxytocin receptors in the laboring woman’s body detect these high synthetic levels and signal the brain to reduce production of its own oxytocin. Without their natural oxytocin, mothers are at higher risk of bleeding after the birth, and the hormone of love that causes the mother to protect her baby is shut down.

Instead of just presenting the Fear-Tension-Pain cycle, childbirth educators must also present the Oxytocin-Pain-Adrenaline-Endorphin cycle, as depicted in the Figure. When oxytocin is released by the laboring mother and her baby, the intensity of uterine contractions increases. As the pain increases, adrenaline, a stress hormone, is released and inhibits oxytocin release. At the same time, the mother’s endorphins rise and the pain is modulated. The adrenaline decreases and more oxytocin is released. This cycle repeats with larger and larger amounts of oxytocin and endorphins, working to advance the process of labor and birth. At the end of labor, the pressure of the baby’s head stimulates stretch receptors in the lower vagina, stimulating the fetal ejection reflex that brings forth the baby more easily and quickly.

SPHINCTER LAW

Ina May’s Guide To Childbirth (Gaskin, 2003) is a rich resource for expectant women. The birth stories and especially Gaskin’s Sphincter Law

Giving birth in ecstasy: This is our birthright and our body’s intent.

Figure The Oxytocin-Pain-Adrenaline-Endorphin cycle

explain how women’s bodies function and how the environment can either open the cervical sphincter and allow the baby to be born or close the cervix and make it more difficult for the baby to move through the birth canal.

What is a sphincter, and why is the cervix considered to be a sphincter? Sphincters are involuntary muscles that do not get tired. They are connected to the organs that fill up with something—such as urine, feces, and babies. As Gaskin notes, sphincters “expand and contract, and when they yawn open, whatever is inside comes out, and then they close again” (Geiss, 2009, para. 10). Sphincters are shy and function best in privacy. According to Gaskin (2003), the basics of Sphincter Law are as follows:

- *Excretory, cervical, and vaginal sphincters function best in an atmosphere of intimacy and privacy—for example, a bathroom with a locking door or a bedroom, where interruption is unlikely or impossible.*
- *These sphincters cannot be opened at will and do not respond well to commands (such as “Push!” or “Relax”).*
- *When a person’s sphincter is in the process of opening, it may suddenly close down if that person becomes upset, frightened, humiliated, or self-conscious. Why? High levels of adrenaline in the bloodstream do not favor (sometimes, they actually prevent) the opening of the sphincters. This inhibition factor is one important reason why women in traditional societies have mostly chosen other women—except in extraordinary circumstances—to attend them in labor and birth.*
- *The state of relaxation of the mouth and jaw is directly correlated to the ability of the cervix, the vagina, and the anus to open to full capacity. (I recommend that you remember this if you ever suffer from hemorrhoids and are afraid to poop, as this*

aspect of Sphincter Law is helpful in this situation as well.) (Gaskin, 2003, p. 170)

Childbirth educators can use this knowledge about the cervix as a sphincter to encourage women to have a sense of privacy with as little distraction as possible during labor. Keeping the lighting low, limiting the traffic in and out of the room, and avoiding stimulation of the “thinking mind” with unnecessary questions allows the woman to feel safer and to labor more easily. When the mother feels safe and cared for, her body will respond, the sphincters will open, and her baby will be born with less stress for everyone. The cervix opens well to laughter, deep abdominal breathing, warm water baths, kissing, and expressions of love (Gaskin, 2003).

STORYTELLING

Ricki Lake and Abby Epstein (producer and director, respectively, of *The Business of Being Born*), Debra Pascali-Bonaro (producer/director of *Orgasmic Birth*), and Steve Buonaugurio (writer/director of *Pregnant in America*) all tell the story of birth to large audiences. These are the stories that need to be told—of ecstatic, undisturbed, physiologic, normal, natural birth and how women can achieve it. In each of the films, we see women using the early principles of psychoprophylactic birth where the state of the mind can overcome birth pain. We see Sphincter Law in action as women choose quiet, dimly lit environments with water baths and kisses to move their labors forward. We have the wonderful gift of seeing real women really giving birth the way nature designed it.

When we read ecstatic birth stories in *The Journal of Perinatal Education*, in the *Lamaze: Pregnancy, Birth & Beyond* magazine, or in *The Official Lamaze Guide: Giving Birth with Confidence*, we are reminded that the earliest Lamaze classes were those stories handed down from generation to generation. Judith Lothian illustrates the power of storytelling in *The Official Lamaze Guide* (Lothian & DeVries, 2005). Lothian recalls how her grandmother, Nora, learned about birth from her mother, Nellie. Those stories were passed along to Ruth, Lothian’s mother. Ruth had a different birth experience, and her

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"modern" hospital birth left her with no memories to share. That is exactly what happened to most women in our culture. The birth stories were lost, and now they are found again and must be shared.

What does this mean for the Lamaze educator? It means we spend more energy and time in sharing information that empowers expectant parents to give birth rather than telling them what is going to happen to them. It is probably not as important to delete information on the stages and phases of labor, cesarean surgery, or medications as it is to decide how much time (importance) to spend on these topics. Where we once devoted large amounts of time on medications and interventions, we can address the specific concerns parents have instead of relating every detail about each and every medication and intervention. Where we once described the emotional and physical aspects of each phase of labor, we can tell the story of how beautifully the hormones work to birth babies. Where we once showed 30-minute films that focused on stretching perineums, we can now show short segments of *Orgasmic Birth* in class and loan copies of *The Business of Being Born* and *Pregnant in America*. We can ask parents who have given birth recently to come and share their stories with expectant parents. We can invite parents to learn about birth from their elders rather than their fearful peers.

Childbirth education has changed because what we know about birth as changed. We once lost

touch with a caring model of birth, and we are fortunate to have that knowledge and the availability of that model again. Childbirth education must evolve from the technological curriculum to a physiologic study of how well women's bodies are created, not for being delivered, but for giving birth.

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BARBARA A. HOTELLING is a perinatal nurse and nurse practitioner at the Family Medicine Center of the University of North Carolina School of Medicine in Chapel Hill. She has served as President of Lamaze International, President of DONA International, and Chair of the Coalition for Improving Maternity Services.

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