

How Fear Affects Labor

*To those who say it is just not possible to
birth naturally and without pain, I say,
"But what if we're right? Wouldn't it be wonderful?"*

Lorne R. Campbell Sr., M.D.

I once met a vivacious young woman who was five months pregnant. She glowed as she talked about her pregnancy and how she had felt so wonderfully healthy. She spoke of all the things she was doing to prepare her body for birth—swimming, yoga, walking. In the middle of all of this happy conversation, she paused, clenched her fists, and said, "But I can't even think about THAT day. I have totally blocked out all thought about the birth. I can't bear the thought of what it will be like. I am so scared."

"Terrified" is the more appropriate word to describe what women are feeling as they approach what should be among the most exciting moments of their lives. This young woman, obviously very sophisticated and very much in control of the events of her life, took on an air of helplessness when it came to the thought of birthing. Sadly,

she represents women in many parts of the world. It is a travesty that manufactured fear, leading to manufactured consent, casts such a cloud over the otherwise joyful excitement that couples should feel as they anticipate becoming parents.

The belief in pain surrounding childbirth is so strong that instead of questioning the validity of the concept, there have been many efforts to rationalize its importance and to attach some reason and higher purpose to it.

Some programs teach methods that attempt to take your focus away from pain so that you will not be so aware of it. Others will tell you that pain is a very important signaling mechanism, a sort of biofeedback that alerts you to where you are in your labor. The theory is that if you can identify the degree of severity and the frequency of it, you will be better able to determine where you are in labor and what coping techniques you will employ to continue. Still others suggest that you look upon it as an unavoidable but useful friend that can be tolerated, worked with, and learned from. There are even those who revere pain in birthing and see it as a vehicle through which to achieve the empowerment of womanhood. It has been suggested that we learn to honor pain, as other societies do, for the strength it builds in our character.

These programs feel that because pain has to serve some purpose, it must be rationalized and accommodated in some way. For most women, these are not convincing arguments. Pain is still a four-letter word. Accepting the belief that it is necessary creates the very situation they want to avoid.

For those who refuse to examine the theory that there is no physiological reason for pain in birthing, the way to accommodate it is to provide a plethora of drugs that the birthing mother can escape into. For the pregnant mothers looking forward to such relief, the drugs

are offered, not as a last resort during labor, but rather as a menu, presented within the childbirth education class so that selections and decisions can be made early on. These mothers want to believe that the drugs won't cross the placenta and affect their babies. No one tells them that the placenta has no barrier. And so they go into their labors believing that their birthing bodies are inadequate, but they can be "delivered" by drugs and technology, even when these interventions take them further away from normal and gentle birth for their babies.

Occasionally one of the women in a HypnoBirthing class will ask, "Why don't we human beings have our babies the way cats and dogs and horses and other animals do? There's nothing wrong with their labors." My reply is always the same: "Yes, why don't we?"

Medical professionals have long stood by the argument that pain is considered the "watchdog of medicine." Pain, they tell us, sends a signal that something is wrong. If that is true, we must make an exception for all other mammals for which labor is a natural, normal function.

We know that horses and other "dumb" animals will delay the start of their labors or shut them down when they don't feel comfortable with their environment or they feel endangered—just as my cat Squatter shut down her labor when she was in fear of the dogs nearby. Is it not unreasonable to think that women's bodies have that same instinctual capacity? Why do we believe this of animal mothers, yet refuse to consider it for human mothers?

I am frequently asked to prove that HypnoBirthing works—that eliminating fear and other stressors and building trust in the birthing process results in a truly safe, healthy, happy-baby and happy-mother outcome. This, in my mind, is like asking me to take a finely tuned, precision instrument that has been broken and prove that it would work perfectly had it not been broken in the first place.

The concept of birth has been distorted. The spirit of women with respect to their innate birthing power has been broken. We can do nothing about the millions of broken births that have already taken place, but by seriously looking at the effect of fear—the powerful emotion that clouds our thinking and causes the birthing body to break down and deviate from its natural course—perhaps we can keep the finely tuned, precision bodies of women whole for future generations.

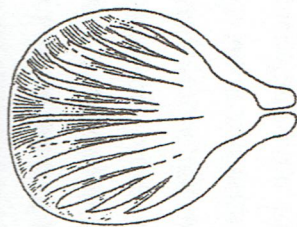
Your Marvelous Birthing Device: The Uterus

Your uterus is perfectly designed to assist you to birth your baby. When we understand the way in which the uterus functions naturally when unencumbered by fear, the concept of easier, more-comfortable childbirth immediately becomes obvious and, therefore, attainable. This very brief explanation and the illustrations are, indeed, the crux of our entire program. It is exactly this process of your body that you will work with during labor. This is the way the birthing muscles are designed to work—in perfect harmony.

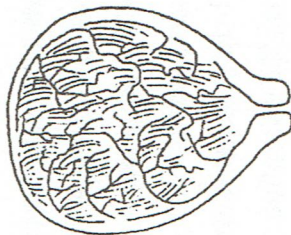
There are three layers of muscle in the uterus. The two layers with which we will be concerned are the outer layer, with muscles that are vertical (aligned up and down with your baby), and the inner layer, with muscles that are horizontally circular (surrounding the baby).

The circular muscles of the inner layer are found in the lower portion of the uterus. As the illustrations show, the circular muscles are thickest just above the opening, or neck, of the uterus, called the cervix. In order for the outlet of the uterus to open and permit the baby to easily move down, through, and out of the uterus into the birth path, these lower, thicker muscles have to relax and thin.

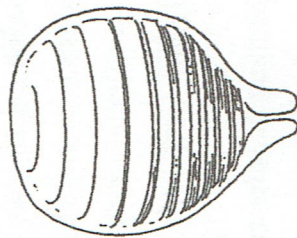
The Uterine Layers



The outer longitudinal muscle fibers of the uterus



The middle muscle layers, interwoven with blood vessels



The inner circular muscle layers found mostly at the lower part of the uterus

The stronger muscles of the outer layer of the uterus are vertical fibers, with a stronger concentration at the top. They go up the back and over the top of the uterus. As these muscles tighten and draw down, the relaxed circular muscles at the neck of the uterus, they cause the edges of the cervix to progressively thin and open. In an almost wavelike motion, the long muscle bands shorten and flex to nudge the baby down, through, and ultimately out of the uterus. It is this tightening motion that many HypnoBirthing mothers report as being the only sensation that they experience during the thinning and opening phases of labor.

When the laboring mother is in a comfortable state of relaxation, the two sets of muscles work in harmony as they were intended. The surge of the vertical muscles draws up, flexes, and expels; the circular muscles relax and draw back to allow this to happen. The cervix thins and opens. Birthing occurs smoothly and easily.

The Surge Breathing technique that you will learn and practice in your classes is designed to help you to work in concert with these birthing muscles. Combined with the relaxation practice you will do on a daily basis at home, this will help you learn to bring your body into a relaxed state that can make your surges more effective and substantially shorten your labor. You will learn to visualize the lower circular muscles as soft, blue satin ribbons, flexible and totally nonresistant to the draw of the upper muscles.

Fear: The Enemy of the Birthing Room

We have seen how the birthing muscles are beautifully orchestrated to work. Now let's look at what happens when the birthing mom is tense and fearful.

The effect of fear upon labor is not subtle, insidious, or complex. We see it in front of us in every uncomplicated birth with every labor that is slow to start or delayed or that later slows or rests. Yet this obvious emotion, one of the strongest and most debilitating that we know, is basically ignored. Instead of being helped to recognize the harmful effects of fear upon the body, mothers are asked to surrender themselves to drugs, technology, and manipulation to force their bodies to do what they are naturally capable of doing when left to their own means and when the circumstances are "right" for birthing.

The negative physical effect of fear on labor can be traced to the function of the body's Autonomic Nervous System (ANS). The ANS is the communication network within our bodies. Its main function is to interpret messages it receives, determine what action should be taken as a result of the message, and then immediately communicate that directive to the other systems of the body. The responses to impulses that are transmitted through the ANS are not subject to our conscious control and are, therefore, involuntary.

For the purpose of looking at the impact of stress upon birthing, as well as the beneficial effect of calm, we'll need to look at the two subsidiary systems within the ANS—the Sympathetic System and the Parasympathetic System. These systems control those responses that cause us to accelerate or slow our breathing, to blink our eyes, to step up or reduce our heartbeat, to arrest or maintain our digestive processes, and to carry out many other functions of the body.

The Sympathetic System is triggered when we are stressed, frightened, or startled. Therefore, I call this part of the system the "Emergency Room." It is the role of the Sympathetic System to act as the body's defense mechanism. It instantly creates the "fight, flight, or freeze" response within the body. When it is in motion, it causes the

pupils in the eye to dilate, increases the speed and the force of the heart rate, and causes the body to startle and move defensively. It suspends activities such as digestion. Most importantly, it closes arteries going to organs that are not essential for defense. It prepares the body to deal with emergencies and danger. It is designed to save your life.

The activities of the Emergency Room put you into a state of alert. For that reason, you should be spending no more than 2 to 5 percent of your life in the Emergency Room. It is like a "rainy day fund," and it shouldn't be tapped into on a regular basis.

On the other hand, the Parasympathetic System, which I call the "Healing Room," keeps the body and mind in a state of harmony and balance. It maintains the body functioning in a state of calm, slowing the heart rate, reducing stimulation, slowing the firing of harmful neurotransmitters, and, in general, keeping us in a state of well-being. The Healing Room restores and maintains the normal functions of our bodies. We should be living 95 to 98 percent of our lives in the Healing Room.

How does this relate to birthing? The Sympathetic part of the nervous system responds not just to actual threats, but to perceived threats. The mother does not need to meet the saber-tooth tiger face to face in order to feel fear. In other words, the negative messages that a mother constantly receives are processed as being real. Over time, these negative messages become part of her belief system and compromise her body's chemical balance on a regular basis. They affect her emotional state and that of her pre-born baby.

When the mother approaches labor with unresolved fear and stress, her body is already on the defensive, and the stressor hormone catecholamine is triggered. Her body is sent into the "fight, flight, or freeze" response. It is believed that catecholamine is secreted in large amounts prior to and during labor.

When circumstances are such that neither "fight" nor "flight" are appropriate, as in the case of labor, the body naturally chooses the third option: "freeze." Since the uterus has never been designated as part of the defense mechanism of the body, blood is directed away from it to the parts of the body involved in defense. This causes the arteries going to the uterus to tense and constrict, restricting the flow of blood and oxygen. Labor and birthing nurses and midwives have told me of seeing uteruses of frightened birthing women that are white from lack of blood, just as a person who is experiencing extreme fright often has the blood drain from his face.

With limited oxygen and blood, vital to the functioning of the muscles in the uterus, the lower circular fibers at the neck of the uterus tighten and constrict, instead of relaxing and opening as they should. The upper vertical muscles continue to attempt to draw the circular muscles up and back, but the lower muscles are resistant. The cervix remains taut and closed.

When these two sets of muscles work against each other, it causes considerable pain for the laboring mother. The situation can also have an adverse effect on the baby. The upper muscles push to expel, forcing the baby's head against the tightly closed lower muscles that refuse to budge. In addition to the pain that this causes for both mother and baby, labor can be drawn out, or it can even shut down. Thus, we hear from mothers whose labors end in a surgical birth lament, "I was told my uterus wouldn't open." Limited oxygen in the uterus also means that the supply of oxygen to the baby is compromised. Over a period of time, this can be a cause for concern. The situation often is labeled "failure to progress" (FTP), and it usually results in intervention. It is interesting to note that the very same initials, FTP, are used to abbreviate both Grantly Dick-Read's Fear-Tension-Pain Syndrome

and the failure to progress that it causes. What labor needs is not urgency or prompting to "move things along," but more awareness of the importance of calm, relaxation, gentle encouragement, and assurance that actually can move the labor along faster.

Regrettably, Dick-Read did not live long enough to see his theory buttressed with the discovery of endorphins. Still more regrettable that, even with this knowledge in hand today, few medical caregivers are opening their minds to the relationship that exists between birthing experience and the ANS, with its ability to secrete endorphins the "feel-good" hormones that relax the muscles and allow the body to open, as well as the stressor hormone catecholamine.

Attempts to speed the birth of a baby only result in more pain for the mother and the baby, and frustration on the part of caregivers, as the baby's head pushes against muscles not yet relaxed and open enough to accommodate it. HypnoBirthing allows for the body to work at its own pace and facilitates easier birthing by using relaxation and visualization to speed the release of endorphins and effect an even shorter labor.

You and your birthing companion will be taught how to identify emotional stress before and during labor and how to release it. You will learn how to bring yourself into a deepened relaxation. When you are free of fear, you can achieve a relaxed state from the very onset of labor. Verbal and physical cues that you and your partner have practiced will help you to maintain a state of calm from the very start of constricting hormones are overridden by your body's natural relaxants.

Learning to understand the benefits of living in the Healing Room—and avoiding people and situations that place you in the Emergency Room—is a skill that will infuse calm into your everyday life. It will greatly enhance your relationship as a family, as well as ensure a calm and gentle birth.

Releasing Fear

Preparing women for birthing by educating them in the true physiology of their birthing muscles, and the need for the mother to be free of tension, was the backbone of Dick-Read's work. This concept appealed to the intellect of many women in the middle of the last century, and it was enough to inspire them to break with traditional attitudes and bring their children into the world unmedicated and alert.

Free of debilitating fear, those who subscribed to the philosophy of natural birth were free of anesthesia, free of needless management of their birth, and, for the most part, free of the discomfort of labor.

Most births were attended by family doctors, a person who was known to the birthing mother probably from the time that she, herself, was a child. There was a long-standing trust established in the doctor/mother relationship. Mothers did not expect labor to be a picnic, but their labors were not anticipated with the fear that exists today. Birth, actually, was rather simple. Standard birth consisted of mothers, who with a little Demerol were able to bring their babies to crowning with little fuss. At that time, they were totally anesthetized in time for the doctor to arrive to extract their babies with the help of forceps.