

Free support by midwives during labour essay sample

[Family](#), [Parents](#)



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Introduction

According to Iliadou (2012), “ labour support as a term used to describe the presence of an empathetic person who offers advice, information, comfort measures and other forms of tangible assistance to help a women cope with the stress of labour and birth”. It is the midwives role to be able to identify the woman’s needs and address them appropriately and within a timely manner. There are many ways, in which midwives can offer support during labour and birth both physiologically and psychologically. However, the support provided to women in labour also varies enormously depending upon the birth environment.

This essay will discuss the support provided to women in labour, which varies vastly depending on the birth environment, the caregivers and the support persons. Also discussed, using recent evidence and analyses will be the way this support can impact both the physiological and psychological experiences

of giving birth and the role of the midwife in this process.

According to Sauls (2002), supportive care and childbirth have correlated in much of the recorded history. Labouring women have surrounded themselves with other women, generally with family, friends and caregivers, and have therefore been provided with comfort, aid and emotional support throughout labour. The expected outcome of this support was to enhance a woman's ability to cope with the demands of labour.

The tradition of women supporting women changed when childbirth moved from the home to hospital environment. Family and friends along with the midwife are now providing the necessary labour support. However, commonly used foetal monitors along with other medical interventions for normal childbirth has shifted the focus of intrapartum management to a technological perspective rather than the supportive aspects of childbirth. However, midwives can change the situation for better, being with women during labour and identifying the different kinds of support they require. Due to appropriate and timely support, women can decrease the possible painful experience, feel informed, secure and encouraged during the valuable birthing experience.

Birthing Environment

The birthing environment plays an important role in ensuring that woman is comfortable, and the midwife has all the appropriate and necessary tools to ensure a smooth transition during birth from the womb to the world. It is during this period that the midwife encourages comfort for the woman in labour. Reassuring the woman with support is fundamental during this

process. Page (2006, p. 46) supports this with reporting that “ it is also important to encourage women to move around, adopt different positions, breathe in a way that helps them cope with the pain of labour and to have a straightforward vaginal birth”. Delivering in the right and appropriate environment and providing efficient support and encouragement to the woman in labour and her family can influence the birth outcome, the use of clinical interventions during the entire birthing experience.

According to Page (2007), the support provided to women in labour can vary greatly depending on the birthing environment. Women utilising maternity services agree that the birthing environment makes a significant difference. Services conducted by two focus groups established that nine out of ten women agreed that the environment played a major role in affecting how easy or difficult it was to give birth (Homer et al., 2002).

Page (2007) adds that the ideal birth environment includes a clean, comfortable room that they can utilise throughout their labour experience. It is imperative that women have the ability to move around freely, particularly when they want to use a private toilet. Page (2007) argues that the restrictive movement may increase the possibility of having an emergency caesarean. He also claims that when women have an ideal birth environment, they are more likely to have a vaginal birth, as opposed to women who have restricted movement in a contained space.

Page (2007) discusses that when women have an ideal birth environment they were more likely to have a vaginal birth as opposed to a women who had restricted movement in a contained space. Studies by Hodnett (2007), which consisted of a review of 5 randomised-controlled trials equalling to

8677 woman resulted in outcomes of low obstetric risk for complications in women who gave birth in a 'home-like' environment, used less analgesia, had decreased operative births, decreased foetal abnormalities and reported greater satisfaction with their experiences.

One of the renowned experts in the field of midwifery, Michel Odent claims that in the labour process women most of all need warmth, silence, a feeling of security (2003). The ideal environment for a woman in birth is complete intimacy, which allows to decrease work of neocortex and to facilitate production of oxytocin, one of the most important hormones in labour (Fahy, Foureur & Hastie, 2008). In the hospital founded by Michel Odent in France there is exactly such an atmosphere, midwives help women to create and maintain it, which is why the level of natural vaginal birth is maximal (2003). It shows the importance of the birth environment and the role of the midwife in it.

Psychological Support

Pregnancy and labour both have a multifactorial influence on the female body and especially on her emotional state. The success of labour is mostly conditioned by the way woman feels psychologically, which is why it should receive proper attention from the caregivers (Cooke & Stacey, 2003). One of the problems, which doctors and psychologists face, when working with pregnant women is an increased level of anxiety, unwarranted anxiety and emotional state of instability. Another one of the causes of anxiety may be a feeling of loneliness, pregnant women feeling different, having subjective lack of understanding. Woman becomes more sensitive and often required

support of others.

Randomized controlled studies by Sauls (2002) displayed that mothers who had a support person present demonstrated more maternal infant interaction behaviours, such as stroking their babies, smiling at their babies and talking to their babies. Additionally, women who received one to continuous labour support found mothering easier. Mothers supported during labour had a greater perception of control and more positive feelings about their labour, as opposed to others who were not supported. Those in the supported groups also reported increased maternal satisfaction with the birthing process, improved ability to cope during labour and higher self-esteem. Less pain was also reported and fewer states of anxiety and postpartum depression.

Researchers concluded that mothers who experience these positive psychological outcomes from being supported throughout labour are more inclined to have more positive attitudes towards motherhood, and have positive developments as women. Studies also suggest that there is major and long term perinatal benefits of constant support during labour.

Modern medicine usually facilitates the physiological side of the labour, and doctors usually have no time or relevant training to provide psychological support to the women (Wilkins, 2006). Doctors, who are real professionals in what they do, just cannot devote enough time to each new mother separately. First, they are responsible for every pregnant woman in the hospital, and second, they take so many children that they just do not have time to think about how to support a woman in travail psychologically. These are very objective reasons. Still, to the fore should come warmth, as well as

understanding, support and care. Delivery is more successful if the new mother is mentally tuned on them. Thus, it becomes one of the general tasks of midwife in labour.

One can say with confidence that all mothers should receive psychological support during labour. Psychological support in labour is a system of professional activities, aimed at creating favourable conditions for psychological comfort, understanding of the situation, providing help in resolving the serious contradictions and conflicts, as well as answering the questions of a woman in labour.

In the actual birth, psychological support is always subject to a woman's own needs and desires. There are no two same labours, which is why for midwives it is essential to be flexible and know how to find the exact support this woman needs in this labour at the moment. Nevertheless, there can be distinguished certain common kinds of psychological support midwives can use in practice: relief of physical and emotional difficulties; assistance in critical situations; necessary and sufficient condition monitoring of a woman and child in labour. Midwife can also regulate this state if necessary in a natural way; help in maintaining contact between mother and child during childbirth; assist in postpartum recovery of all members of labour (in the first hours and days after birth).

In order to mitigate the pain, the midwife can remind women about how to breathe and help to take body position that will help her most efficiently. He/she will monitor progress of all procedures aimed at complete relaxation of mind and body. One of the arts in midwifery is feeling woman in childbirth, practicing empathy. For a woman the process will be much easier, since she

knows that her life is in the hands of professionals.

Midwife can supervise the process of communication with the baby mother during labour, help to establish contact if it is necessary. It is also an effective method for pain relief, as in such a way woman remembers why she has to go through this complicated process and that soon she will meet her child (Hodnett, 2002). It is necessary to mention also that psychologically, midwife can create proper and facilitating atmosphere in labour. It was proven that the mood and state of all the participants of the labour process directly influence success of the process (Caelli, Downie & Letendre, 2002).

Thus, psychological aspect of midwife's work also involves watching his/her own state, translating security, confidence and positive emotions into the atmosphere, comforting woman along the way and watching over the state of others in the room, such as a woman's husband. If a man is tense, instead of completely relax and plunge into the process of labour, the woman will also be tense. She will not think about the kid, but a husband. As a result, the brain does not send signals to relax, the hormonal balance is violated and the labour can become complex with intensive medical intervention up to caesarean section.

Physiological Support

According to Souls (2002), childbirth is an anxiety-provoking situation for many women. Studies have shown anxiety to cause high levels of maternal epinephrine, leading to arterial vasoconstriction of the uterine vasculature. This vasoconstriction may lead to foetal hypoxia, which may compromise

foetal wellbeing. Research has demonstrated that women who have support during labour have lower or normal epinephrine levels, therefore, providing the best possible blood flow to the uterus and foetus. Additionally, newborns who experience labour support have higher Apgar scores and to be breast-fed for longer periods with minimal attachment difficulties. It is suggested that supported mothers were less likely to have artificial ruptured membranes, oxytocin stimulation, forceps and vacuum births as these medical procedures and interventions carry risks to both mothers and newborns, which may hinder the mother baby bond and the mothers' perception of the birthing experience as a whole.

Martis (2007) reinforces the efficiency of on-going support for women during childbirth, more specifically on a physiological level that leads to slightly shorter labours, the increased likelihood of spontaneous vaginal birth and reduced need for intrapartum analgesia. Additionally, women who receive support are more likely to report a more satisfactory childbirth experience. According to a review by Martis (2007), women who received continuous one-to-one support are less inclined to have localised pain relief, mechanically intervened vaginal births and caesarean sections were all statistically and significantly less likely to occur, although only marginally. Furthermore, spontaneous vaginal births were more likely to occur, and reports of dissatisfaction with the childbirth experience was less frequent (Gamble et al., 2004). Effect was also stronger when support started early in labour.

It is necessary to understand what kinds of physiological support are available to the midwives and in what cases it is better to use them. One of

the most widespread and well-known methods in this relation is different kinds of massage (Haines et al., 2011). Midwives know what parts of the body mostly need help in labour and can help women in decreasing the level of stress and pain in labour. There are different kinds of massage effective for contractions and the periods of rest. In the first case, massage is often directed at the small of the back, where different kinds of pressing decrease pain. In the periods between contractions women often like relaxing massage, as in this period it is essential to have a rest and relax after work in each contraction.

Midwives on the physiological level can also help women with some mundane tasks – such as bring water, give a sweater if the woman is cold, help her go to the toilet and similar activities (Cooke, Schmied & Sheehan, 2007).

Besides, being a specialist in what midwife does, he/she usually monitors the state of the women for some deviations from the normal condition so as there is a possibility to call a doctor in a timely manner. If the course is normal, midwife usually can answer some questions of a woman when something is bothering her, which allows the woman to feel secure and comfortable.

However, Martis (2007) argues that early support may not be achievable in a busy hospital environment, where women are sometimes not admitted until the dilation has considerably progressed. Due to the staff shortages and resources of many institutions, the continuous support model may not be able to be accommodated.

The Role of Midwife

According to Page (2007), women find support from their midwives as a positive encouragement and motivation and they want midwives to encourage them, showing a variety of techniques to managing pain during labour. According to the Royal College of Midwives (2012), ongoing supports during labour has a number of effective outcomes. Support from a midwife may include helping choose among the pharmacological and non-pharmacological methods of pain relief. Having an informed midwife that advocates for the mother's decision and choices in an intense birthing environment is empowering to the mother and may lead to a more enjoyable experience of her childbirth.

The quality of support may outweigh many of the other aspects of the mother's birthing experience. Women's description of their satisfaction includes the use of various medical interventions, choice of pain relief and type of birth. Additionally, midwives should support women in the use of coping strategies such as breathing, relaxation and labour positions, because they are associated with benefits in terms of pain relief and women's emotional experience of labour.

Additionally, the midwife's role includes keeping up to date with non-pharmacological methods of pain relief, which include positions and movement, massage, coping strategies and alternative therapies. The College of Midwives (2012) argues that poor support and communication throughout the labour and birth process is associated with increased rates of postnatal mental health problems, which include post natal depression and post traumatic disorder.

Conclusion

In conclusion, supportive care and childbirth have been connected for all of the recorded history. Research has provided powerful evidence of improved outcomes for mothers and their newborns when mothers are appropriately and well supported during labour. These outcomes include lower operative birth rates, shorter more effective labours and increased maternal satisfaction with the birthing experience and process. Midwives must be knowledgeable of the available research, which is directly related to the critical aspects of their care, such as labour support. Therefore, the role of the midwife is an honoured and fortunate one. Being able to support a woman, when she is at her most emotionally fragile and physically exposed state is one of the empowering significance.

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