The Midwife.

Registrar-General's Statistical Review
Births, Marriages and Fertility in 1946.

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The volume contains other useful and interesting data including some comparisons with other countries.

Why Birth Pains?
By M. D. James-Oughton.

A FLAPPING curtain meddles with a view. Sometimes it blinds out the view altogether; frequently it distorts or divides it. Always, however, it prevents the sun from entering the room.

Fear is a flapping curtain; it always throws a shadow of doubt, meddles with information and prevents the truth from reaching the mind. It is at its worst in childbirth and pregnancy. Modern clinics are thorough in treating and studying the parts of the body during this time of a woman's life. The routine includes measuring the pelvis, taking blood pressure, listening to the fetal heart, and checking all irregularities of the pregnancy. The woman leaves the Centre having been told that all will be well with her.

All will be well—all is well—with the body, but what of the mind?

"Fragments of conversation float along the corridors, from the cubicles, from behind the screens... "breech birth... difficult... nasty kidneys..."

When the patient is in the first stage of labour she is usually in the hospital precincts. After admittance and bathing she is sent to a side ward of the maternity block. Here she may be with as many as four other women in slightly varying degrees of the first stage, or she may be completely alone. Inevitably, wherever she is, means from other patients reach her ears. Quite isolated in her pain she remembers how Mrs. Fairlop died in childbirth, because there was nobody there to help her. She wonders whether she ought to ring for the nurse again; she wonders if her body is behaving normally; she is wracked with pain. All culture, all finesse, all her character have slipped away from her, leaving a monster of pain.

The nurse appears again, and tells her to "Get on with it and shut up." Poor nurse, she has three other people's jobs beside her own to carry out before she goes off duty, and the sooner that woman gets into the labour ward the better it will be all round. But the patient only knows what is going on inside her body by the pain she feels. She does not cry out of sympathy with the half-dozen moaners down the corridor, nor from imagination of horrors, but from sheer fear which has set up pain. The nurse's brusque remark does not help.

Then comes the labour ward. She sees a hard bed, masked nurses, a trolley of bowls and dressings, a smell of danger everywhere. Anaesthesia numbs her feelings; the mind is bewildered, fear tightens the muscles, and Nature tries to slacken them. The birth, which could have been over hours ago, is prolonged; waiting for a battle to be won within the body; waiting for fatigue to wear down the patient's thinking powers, muscle control, and obliterate her feelings. Then, and only then, can Nature work through the first stage of labour.

The cell then is for education of the mind. It is high time that such a bland expression as "Don't worry" was avoided by the medical staff. Explain mothercraft to the patient; not from the birth but from conception. Tell her of her baby's progress, its movements. Explain why you do this, and how you do that. Go to extremes to teach her. A little knowledge can be dangerous, but absolute ignorance can only breed fear. Teach her to relax ready for the time when labour commences. Tell her how she can give birth by her own effort when the time comes; how she must hold her energy for later on for the next stage of labour. During the waiting months the attendance at clinics by the mother-to-be could be combined with a personal talk to each new mother. An explanation of what will eventually happen and what is happening now is a necessity, not a luxury. In some distressing cases some information on what has already happened would not be out of place. Oh, yes, it would take time and extra staff, but the results would pay dividends. For one thing, there would be less time taken in a patient's first stage of labour; less running about for the overworked nurses. Later on the old wives' tales of dreadful agonies would die out; the neurotic conditions caused through birth control would fade. But the real dividend would be the state of the mother, after, during and before the baby's birth. She would be a finer mother, mentally, and, consequently, physically. We educate ourselves for every profession and trade we know, and surely there is no finer profession (or trade) than mothercraft; such a magnificent feat of Nature should not remain a hushed-up secret, a joy achieved only through sorrow.

Of course the labour ward cannot be changed, nor, perhaps, the procedure of admittance and waiting, but there is room for a great improvement. It is not good enough to have an Az body; perfect childbirth is a function of both mind and body working in harmony. Many midwives and nursing staff, who have been taught from text-books for years, believe that "ignorance is bliss," whereas a few minutes' talk to their patients would teach them far more than a textbook could regarding the dangers of ignorance.

Nature has a preconceived plan; why should pain enter into it? Why, so frequently, is it essential to give anaesthesia? It is because Nature has to do one thing and pain, born of fear, will not permit it. There is a wrangling of the muscles, a dispute of the nerves. Nature says, "Move this way," but the mind cannot confirm or deny which way the muscles must move. The mind is bewildered, fear tightens the muscles, and Nature tries to slacken them. But has there not been a hitch anywhere. But has there not been a hitch anywhere.

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