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Editorials

NATURAL CHILDBIRTH

During the last two decades there has been a movement, led by Grantly Dick Read in England and by Velvovski in Russia, in favour of more active preparation for childbirth, as a revolt against the increasing mechanization of the process. It would appear, from the statements of Paris obstetricians who have visited the Russian school, that the methods of both these protagonists are similar, although the Russians have built up a theoretical background for their activities based on the school of Pavlov and prefer to regard their prenatal work as a conditioning for labour rather than a simple physical and mental preparation. Two papers published recently, one from France and the other from the Netherlands, give a fairly clear picture of the method of psychoprophylaxis in pregnancy. Lepage and Langevin-Droguet (*Presse méd.*, 63: 549, 1955) are careful to point out that the terms "natural childbirth" and "painless childbirth" are misnomers, used in connection with this type of preparation for labour. Some 90% of labours are spontaneous, whatever the method of preparation, and therefore "natural", and physical and mental preparation for labour cannot abolish pain, which is a fundamental physiological attribute of uterine contraction. All that prenatal preparation can do is to make the pain tolerable for a certain proportion of women, abolish the accompanying anxiety and apprehension, and put the woman in the best possible condition for her work. This is not a new aim. Van Eps (*Lancet*, 2: 112, 1955) quotes the

writings of a Dutch obstetrician, Wigand, who in his 1822 textbook devoted several pages to the psychological aspects of labour. Read and Velvovski have simply organized a system of preparation and have contrived to popularize it, as well as put it on a physiological basis. The chief result of such preparation for labour may be to enable the parturient woman to retain her free-will during her accouchement.

Both Lepage and van Eps report series of cases in which the method has been used in controlled conditions. Van Eps mentions that he has had the advantage of working with a population not habituated to anaesthesia in labour, and in a culture where the parturient woman is expected to behave in a disciplined and decorous manner. He had two series collected since 1949 in Amsterdam; 335 women were carefully prepared for labour by instruction, exercises, breathing and relaxation training, while another 335 were not prepared at all. The basis of selection is not mentioned, whereas Lepage, who reports results also collected since 1949 on 40 prepared primiparæ and 40 unprepared primiparæ, gives a basis for selection. He selects primiparæ, anxious and frightened women, scoliotics, kyphotics, women with pelvic contraction, obese women and those who have previously undergone a long or difficult labour. He considers that the method is contraindicated in tuberculosis, cardiac disease, albuminuria, habitual abortion, pelvic inflammatory disease, thyrotoxicosis or diabetes.

Lepage lays great stress on the need for starting preparation early, i.e. at the third or fourth month. For example, among women who had had 24 weekly sessions of one hour—including 20 minutes of gymnastics, 25 minutes of relaxation and a preliminary session of 10 minutes' massage during which the woman receives a certain amount of psychotherapy—23 were calm during labour and only one was agitated while 21 had good expulsive efforts. Of those prepared by only 6-24 sessions, seven were calm and four agitated and the proportion having good expulsive efforts was lowered. At the sessions the participants should acquire a sensation of internal calm as well as of physical wellbeing. Twice a month the women are given instruction on the anatomy and physiology of labour, and efforts are made to prevent the sessions from being a bore. In this way the woman comes to hospital in labour and feels at home at once.

In describing his results Lepage points out the difficulty of assessment, since there is no means of knowing how the women would have fared without preparation. To question them later about their experience is useless, since the memory of a bad confinement is often quickly lost in the joy of motherhood. Taking objective criteria, he finds that preparation does not shorten the total length of labour; with this van Eps agrees. It does shorten the second stage (in the Paris series 33 women in the prepared series had a second stage of less than 30 minutes as against only 24 in the unprepared); van Eps finds only a slight shortening. Rigidity of the perineum was much less common in prepared women (10 out of 40 as against 19 out of 40) and tears were also less frequent (6 against 11). None of the prepared group needed forceps; 5 of the others did. The Dutch clinician reports that the tear and episiotomy rates were only insignificantly lowered by preparation (48.6% as against 50.6% in primiparæ). Lepage mentions the great change in the atmosphere of the labour room when the woman has been prepared.

Van Eps classifies his results according to the method previously used elsewhere as *very satisfactory*, *satisfactory*, *fair* and *poor*. By preparation the proportion of *poor* results fell from 17% to 5%. This last figure agrees pretty closely with those from French, Russian and American clinics. The *very satisfactory* figures also agree well (44-50%).

Lastly, van Eps studied the problem of determining which women would be most likely to benefit from preparation, by carefully investigating their emotions and reactions during pregnancy and labour and their social and personal history. In several cases the difference in behaviour of a woman during the first and second stages could be related to her personality. The active type found the first stage more difficult, while the passive type regarded the expulsive stage as harder. Behaviour during labour could be fairly well foretold. In the series there were 11 well-balanced and well-adjusted women, stable, devoted and self-confident. In all these cases results were satisfactory. On the other hand, of 13 neurotic, egotistical, unstable women only 2 had a satisfactory result. The next problem is what to do with the 5% who will have poor results. According to van Eps individual psychotherapy may be needed but the outlook will probably remain poor.