
Questions from Our Readers

Do Not Disturb: The Importance of Privacy in Labor

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Abstract

In nature, when a laboring animal feels threatened or disturbed, the stress hormone catecholamine shuts down labor. Similarly, when a laboring woman does not feel safe or protected or when the progress of her normal labor is altered, catecholamine levels rise and labor slows down or stops. This column discusses the importance of providing labor support that respects the woman's privacy, protects her from unnecessary interventions, insures her safety, and allows her to trust her inherent ability to give birth normally.

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Question

Animals, both those in the wild and domesticated animals, search out quiet, secluded spots in which to give birth. And yet, across time and cultures, women giving birth have been attended by other women. Research supports the value of continuous emotional and physical support, but I wonder if there is something to be learned from animals' apparent need for seclusion in labor.

Answer

You have identified an important, and often overlooked, need of women in labor. Michel Odent notes that "...parturition is an involuntary process and an involuntary process cannot be helped. The point is not to

disturb it.” (Odent, 1987, p. 105) The exquisite workings of normal, natural, physiologic labor do not need to be improved. The more we learn about normal, physiologic birth, the more respectful we become. We are just beginning to understand the hormonal orchestration of labor and birth, and this provides a foundation for understanding the importance of “not disturbing” the physiologic process of labor and birth.

In early labor, catecholamines (the stress hormones) have the potential to stop labor. When a woman is very frightened—of pain, of the hospital, of the unknown—labor fails to progress. Contractions can become very strong and difficult to handle or, more typically, they become weaker. In both instances, the contractions become ineffective. Why should this be so? For animals giving birth in the wild, fear of predators in early labor triggers catecholamine release and labor stops, giving the animal time to move out of danger before labor begins again. Catecholamine release and the temporary shutdown of labor protect the animal and her young. When birth is very close, a surge of catecholamine takes place and, now, the result is quite different. A fetal-ejection reflex appears to occur. In the wild, when birth is very close, getting the baby animal out quickly allows the mother to move to safety.

Niles Newton studied the effect of the environment on the process of labor and birth in laboratory mice. Her research documents the response of laboring mice to fear and stress. When the mice were disturbed, especially by a lack of privacy, catecholamine surges shut down early labor. Later in labor, hormone release was

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inhibited and the fetal-ejection reflex did not occur (Newton, 1987; Newton, N., Foshee, & Newton, M., 1966). In both instances, nature responded to threats, potential or real, in the birth environment and protected the mother and her young. Newton went on to

describe the similarities in the hormonal orchestration of making love, giving birth, and breastfeeding. In each, hormones facilitate the process—indeed, are integral to it—and all are easily “disturbed.”

We, like other mammals, need to feel both safe and protected to give birth easily. If we do not feel safe and protected in early labor, catecholamine levels rise and labor shuts down. Odent describes the fetal-ejection reflex in women (Odent, 1987, 1992). During the second stage of labor, if the hormone orchestration of normal labor has been altered (e.g., by the use of pitocin or epidural analgesia), the fetal-ejection reflex does not occur.

Women choose to give birth in hospitals because they believe it is “safer” than birth outside the hospital. In fact, laboring and giving birth in most hospitals create a set of physiologic responses that actually occur when we feel unsafe and unprotected. In the typical hospital environment, women are disturbed at every turn—with machines, intrusions, strangers, and a pervasive lack of privacy. The shadow of “things going terribly wrong at any moment” follows women from one contraction to another. Together, these fears contribute in powerful ways to the release of stress hormones, moving women into an attitude of physiologic fight or flight. On an intellectual level, a woman may believe that the hospital is a safe, protected environment, but her body reacts quite differently. No matter what her head says, her body gets the message loud and clear. Her body responds on a primal, intuitive level, kicking automatically into fight-or-flight mode and dramatically altering the process of labor and birth. In choosing modern medical “safety,” women are stressed physiologically, which makes labor and birth more difficult. The lack of attention to women’s inherent need to not be disturbed in the typical hospital environment has set the stage for an almost 27% cesarean rate, the routine use of epidurals in labor, the

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high rates of augmentation of labor, and the high incidence of instrument deliveries in the United States.

How does labor support fit into this picture? Can labor support create a bubble, a cocoon, around the laboring woman? Within the bubble, privacy is protected: Strangers are kept away (as much as possible), information is filtered, and questions, interruptions, and intrusions are kept to a minimum. Continuously supported, protected, and cared for, but not disturbed, the laboring woman can let go of fear even in a busy maternity hospital. However, she will be disturbed if she feels she is in a fish bowl being observed and evaluated. She will also be disturbed if she feels pressured to progress quickly because the clock is ticking. Ideally, she is surrounded by family and professionals who listen, watch, and quietly and patiently encourage her, making sure that she is not disturbed and has the privacy she needs to do the work of labor.

After rereading Newton and Odent, I encourage expectant women to develop birth plans that specifically address the need for privacy and the need to “not be disturbed.” In class, childbirth educators need to address the importance of feeling safe and protected and the role that privacy plays in both. Women need to know that privacy does not mean being alone. Privacy means not being disturbed, being protected, and feeling safe as labor progresses. The best labor support will protect a woman’s privacy and insure that she is not disturbed so that she can tap into her inner wisdom and dig deep to find the strength she needs to give birth. The strategies for insuring privacy will be quite different depending on where the women in your classes plan to give birth (home, birthing center, or hospital). Women need to know that labor and birth outside the hospital often progresses more easily, at

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least in part because labor is less likely to be disturbed. Is a “Do Not Disturb” policy possible in a hospital? Yes, but it will require more careful planning and excellent labor support.

When the trappings of medical birth—monitors, intravenous needles, hospital beds, and epidurals—fade away, when women are quietly and patiently encouraged and supported in exquisite privacy by friends, family, and professionals who trust birth and trust each woman’s inherent ability to give birth, when women stop being “disturbed” in labor, many more women will give birth normally and ecstatically.

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Erratum

A figure was incorrectly reported in Carol Sakala’s commentary on labor support in the volume 13, number 2 issue of *The Journal of Perinatal Education*. The text should have indicated that, relative to women who did not have continuous labor support, those who received continuous support from someone who came into the hospital exclusively to provide this care were “33% less likely to be dissatisfied with or negatively rate their birth experience” (page 20). A discrepancy in the source is also being corrected.