

Post-Ecstatic Birth Syndrome: Transforming the Normal Birth Experience
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There is an important opportunity for women to find long lasting inner strength through a normal, unmedicated, well-supported and satisfying vaginal birth experience. Such an experience can be a strongly positive influence on a woman's functioning for the rest of her life.

This supportive approach to a normal birth is espoused in the midwifery model of care. Midwives, labor nurses and physicians can all subscribe to and use the approach to normal birth used in this model of care. It supports active maternal participation and provides a woman control over her birthing experience—within the limits of safety. Women who receive this type of care perceive themselves as having given birth rather than having been delivered, and they frequently emerge from the experience with personal exhilaration and important growth.

American society understands the importance and opportunity for deep inner personal growth in the accomplishment of athletes, so our society organizes itself to promote and provide such experiences to our youth. In contrast, however, neither the majority of American birthing mothers nor their care providers appear to understand the depth of the opportunity lost by encouraging a cultural norm of numbed births by passive women.

Today, the majority of women are encouraged to choose a more passive laboring role for themselves, such as an epidural or even a cesarean birth. They are rarely presented with knowledge about the advantages of a normal birth, let alone encouraged to think of normal birth as the gold standard. Based on current practice, one can conclude that the dominant message of the American culture is that the goal of childbirth is limited to delivering intact infants in as efficient and pain-free mode as possible, with ever-increasing reliance on technology.

Under the current approach to childbirth, maternal birth satisfaction is either not understood or it is not valued. Further, many authors have observed that if care providers are not sensitive and careful when they intervene to assure a biologically safe birth, a cascade of sequential interventions is almost automatically called into play that, in the end, disrupts the rhythm of the mother's birthing work and creates new risks. Consequently, in the midwifery model of care, necessary interventions should be introduced with sensitivity and not as automatic routines.

The research on childbirth satisfaction for several decades has found that birth satisfaction is not related to the experience of pain, as many believe. Rather, the research has consistently found that birth satisfaction among women is strongly associated with their perception of active participation and control (input into decisions) during the experience. (Nicholas and Gennaro, 2000). Further, satisfaction with the birth experience has been associated with lower rates of post-partum anxiety and depression. Birth satisfaction has also been shown to be associated with long-term outcomes, such as increased self-esteem. In a time when society is becoming aware of the importance of post-partum depression, it is critical that we also become aware of birth exhilaration as a potential antidote.

The above-mentioned research on birth fits with other evidence that, generally speaking, active participation and choice are important in the lives of people. For example, Amick (2002) conducted a study of decision latitude, which means control over the circumstances of one's work. He found those in the bottom 50 percent are more likely to die over a ten-year period. This finding held after adjusting for age, sex, race, income, family size, employment retirement, life stress and physical health.

Similarly, Csikszentmihalyi (1990) wrote of the challenge of coping with "flow" experiences. He asserts that after a flow experience, the self is more complex than it was previously. Flow helps to integrate the self and helps one feel more together internally and with respect to other people and to the world in general. His description of a flow experience includes a challenging, highly focused activity that allows people to exercise a source of control over their activities. Normal labor fits this description. Thus, there is consistent evidence that active participation and decision latitude in challenging events are, in general, important to long-term human development. This conclusion fits with the research on normal birth experiences.

What can be done to influence the dominant viewpoint on birth towards promoting the midwifery model of active participatory childbirth in an era of strained health care economics and health provider shortages? An apparently healthy baby and a comfortably numbed mother during birth can be an appealing short-term goal if a culture is unaware of the missed positive long-term outcomes. Yet, wouldn't we want mothers facing the challenges of new parenting to be at their very best in terms of inner strength and integrated self?

Perhaps what would be helpful to advancing the concept of building maternal inner-strength though childbirth is a phrase that better communicates the benefits of giving more mothers the opportunity to actively choose normal birth. It was through the use of the term post-traumatic stress syndrome that it became widely recognized that a traumatic experience of any kind can leave after effects that negatively change a person's life for years. Thus, when widely adopted, a descriptive phrase, such as post-traumatic stress syndrome, can change a culture's viewpoint.

Similarly, it needs to become well known that for some mothers, a well-supported active birth may create a powerful peak experience—a rush with after effects—a flow experience—that can positively change a woman's life. The well-supported, active birthing experience discussed here could be renamed post-ecstatic birth syndrome. Perhaps such a phrase would help women and their care providers better envision the potential of what an active, normal birth experience could hold for women. Perhaps it would give those who have that peak experience during child birth the vocabulary to better describe it. At the very least, at the outset it would allow women to choose their desired labor experience fully informed. Some women can bring back, at will, the feeling of exhilaration from that peak birth experience for the next six months as an antidote whenever the tasks of mothering threaten to become overwhelming. If the midwifery model of care was more prominently used, this could be a common response and impact the entire family.

Of course, some care providers will worry about disappointment for women whose births are not ecstatic. Even under ideal conditions, an ecstatic birthing experience cannot be promised to every woman. Then, should we negate the possibility? The thrill of accomplishment cannot be assured to every marathon athlete or academic degree seeker. It makes no sense to withhold accomplishment potential from the majority because some will be disappointed with the outcome. In fact, the reluctance to encounter disappointed women with their birth experiences suggests just how deeply important the experience is to women.

If post-ecstatic birth syndrome were a commonly understood term, the women who experience it would likely discuss it more often. Further, more could be done to make an ecstatic birth feasible. In the 60s and 70s when the parents of today's birthing women wanted fathers involved in birth, they changed the birth culture in the United States and elsewhere by demanding that right. Not all women will want to try for an ecstatic birthing experience, and they should have that choice. It should, however, be an informed choice.

In summary, care providers should be clear on the differences in birth experiences and the long-term importance of those differences before they give counsel to women on their options. Women seeking birthing environments for promoting ecstatic births could be a powerful force in changing the birthing culture altogether.

Women or care providers who want more information about birthing choices can access the following web sites:

Coalition to Improve Maternity Services www.motherfriendly.org

Lamaze International www.lamaze-childbirth.com

Alliance for Transforming the Lives of Children www.atlc.org

References

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