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## Observations on midwives and epidural anesthesia during labor and delivery

### Mara Merritt, third year medical student

Two days ago I completed my four week long obstetrics and gynecology core rotation. The month was filled with the unexpected in many ways. One of the surprises was my response to epidural (spinal) anesthesia injections that are given to reduce pain during labor and delivery.

My mother started training to be a lay midwife (now called certified professional midwives) in 1984, shortly after the birth of my youngest sister, who was born at home. By the late 80's my mother was deeply involved in the Association of Texas Midwives and spent many weeks in Austin for many years working on the regulation of the practice of midwifery in the state of Texas. Until last week I thought of epidurals (spinal anesthesia) as purely evil. It is not that all midwives oppose epidurals, but my mother taught natural childbirth classes for a decade before entering midwifery, so I never heard a positive word regarding epidurals leave her mouth. The experience of midwives has been that epidurals slow labor down and are unnecessary when other approaches are taken to the birthing experience and pain.

Four weeks ago I participated in my first hospital births. There are so many differences between these hospital births and the home births I have been involved in that the experiences do not even resemble one another. When I have attended births with my mother, she is welcomed into her patients' homes as part of the family, as an invited and honored guest to a joyous celebration. Over the past month I have entered delivery rooms as a virtual stranger, piecing together the lives of families in cramped fragments of time. Having only 15 minutes to 12 hours with hospital patients, I have felt myself to be an intruder. The mask and gown definitely add to the sensation of being some sort of alien invading this most intimate of experiences.

My positive response to the use of epidurals in labor shocked me. I have spent the last decade of my life reading and hearing negative opinions about epidurals. However, in the hospital delivery room I again and again saw uncomfortable, writhing women transformed into calm, smiling women as a result of an epidural. So, why not? Of course, I still have this sharp edge that insists that no one can fully experience something if the senses are blunted, and I personally would want to know the cliff of the pain as well as the full ecstasy of bringing a child into the world. I have never been in labor, and I have never experienced what these women are feeling. Even if I had, I feel that the choice still belongs to each individual woman.

I wonder how to support people as a doctor, a medical student, a counselor, or a friend in decisions I do not think are good decisions (or at least decisions I would definitely not make myself). It is the age old problem of not imposing your own values on others. I know it's more complicated than this, though. The patient/doctor relationship is one with a definite power imbalance. I have seen many patients relinquishing their autonomy and decision-making responsibility and deferring to their doctor in making choices about their health and their lives. How do doctors take care to not impose

their own values and judgements on patients, to not take advantage of their vulnerability in oppressive ways? I live my life, for the most part, with great intentionality, and I make careful, deliberate decisions regarding my own health care. I think that if all my patients became vegetarian, gave birth at home, and embraced nonviolence in thought and action, as I do, I would be thrilled. I know, though, that this is *my* life path, and I want to be able to encourage others to pursue their own paths that are different from mine.

I think that this openness should go beyond merely embracing differences. It involves a creation of space for discussion and sharing, which demands that traditional walls between doctor and patient be dismantled. During my ethics course in my second year of school, I was told that doctors should not share much of their personal life with their patients. Since doctors have more or less unlimited access to a patient's past and present, this creates a one-sided relationship in which the patient is completely vulnerable and exposed, and the doctor is the knowledgeable expert. I believe the opposite is a much healthier way to manage health care. Patients simply have to be the ultimate experts in their own lives. They are the ones living inside their skins; they are the ones who experience their life and their bodies firsthand. I have been told by many attending doctors to never trust what a patient says because patients lie frequently. A common medical attitude is that patients are problems that must be overcome in the achievement of health.

My mother warned me in the years before I started medical school that there was no way I could escape the process of brainwashing that would leave me a conventional, coldly competent physician. For once, thankfully, my mother was wrong. I am part of a growing number of medical students and physicians struggling to redefine the role of the doctor, to live wholly and openly as individuals and healers.

The above is adapted from a response to a listserv conversation among members of the Humanistic Medicine Interest Group of the American Medical Student Association (AMSA):

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In May 2001 I will begin a year long leave of absence from school during which I will work as the Director of Student Programming for the American Medical Student Association. Over the past year I have had the privilege of being one of two coordinators for the Humanistic Medicine Interest Group of AMSA. I am part of a growing force of students, residents, physicians, and others dedicated to well-being. In particular, I am focused on the widespread and drastic reform needed to renew our system of medical education. I am somewhat of a nomad with scattered roots, though I plan to eventually settle in the Pacific Northwest. My dreams reach wide and tall: I envision an intentional community focused on healing and harmonious living; a medical school of radicals set near the mountains and the ocean where students learn because of the system and not in spite of it; a group practice where I work with dearly beloved friends; a quiet rural practice in a place with warm afternoon sun. And of course, magic. . . This is one thing that is not negotiable.

## **EXPERIENCES OF A MOTHER WITH MIDWIFERY AND HOSPITAL OBSTETRICS**

### **Anne Flaherty**

I have been there: both with epidural and without, and I can say that at least for me both were right for me at the time.

Here we face the age old problem of not imposing one's own values on others. But especially in terms of the patient/doctor relationship because there is definitely a power imbalance there, how to not take advantage of that in oppressive and imposing ways.

I'd like to think that a doctor's role is to empower her patient to take control of her own health. If you learn how to empower another person then you will have less chance of abusing the power imbalance.

Interestingly, what took me a while to learn is that some people seek to be empowered, while others seek to be directed. Because the "medical establishment" is such a huge hulking hyperbolic authoritative figure to some people, responses of patients can be unpredictable. Some people will rebel and thus become empowered even if they didn't intend to do so, allowing their intuition to tell them how to respond to what is best for them. Others will cower and become passive and lose their personal power altogether, and thus lose the ability to take care of themselves. Of course, ideal would be a team action with a doctor gauging response in reference to the patient gauging response to the issue at hand.

I have been both the passive and the empowered. For my first birth I became totally passive throughout the pregnancy and for me the only way to give birth ended up being with an epidural. My passivity was supported by my nervousness at being the first of all my peers to have a baby, by all the popular literature recommended to me by my conservative doctor, by my ignorance of what exactly was happening to my body and my growing fetus, and by my attempts to remain in a childless styled world.

For my second birth, I began to become empowered assisted by the empowerment "abilities" of my home midwives. They met me at my level, literally sitting at the same level in the room I interviewed them in (there were tables, chairs, cushions, and a rug - I sat down on the rug and then they followed). They approved of my parenting (nursing my toddler through my pregnancy, family bed, gentle discipline) and really made me feel I could trust them on a personal level. They offered excellent sources of natural focused literature and had an extensive library themselves to which we referred throughout the pregnancy and that was available to me. My appointments went from 1-2 hours long with extensive history recorded. They taught me how to take my own blood pressure, explained how I could measure my cervix during labor if I so wished, check my urine by myself, and they allowed me to avoid the glucose tolerance test that my personal research said was unnecessary. I could go on and on.

Added to them, my husband and I also took a hypnobirthing childbirth class that was far from the oppressive hospital-sponsored one we took the first time.

So, for being unprepared the first time, the epidural was the only way to go when the "pain" got to be too much. However, thanks to these wonderful Doctors, or rather, "Senseis", my homebirth midwives, on the second time around I was much more prepared to give birth and I did not need an epidural.

My goal as a doctor is to empower those who wish to be empowered in order to heal and to offer the best possible information to those who are searching to be healed but do not yet know to whom to listen.

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