Offering relaxation techniques, promoting women's choices.

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What about next time? A series of reflections

A reflection on offering relaxation techniques; promoting women's choices

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In this article, one of an occasional series, Mo Tabib reflects on her experience as a midwife introducing relaxation techniques to a woman with a prolonged latent phase of labour. The reflection explores the complexity of the woman's decision-making process, particularly when the element of continuity of carer is absent; and where limited choices have been offered. Considering this complexity, the midwife may face challenges and hesitations with regard to her position in the woman's decision-making process. This reflection uses aspects of MacDonald's reflective model (2014) to provide a framework to reflect, explore and learn from the experience.

Role of the midwife and women's choices

During a midwife's career there are moments when s/he feels hesitant about their part in a woman's decision-making process. The concept of informed choice means enabling women to make their choices based on sufficient, accurate information. However the process of decision making is complex and can be influenced by numerous factors. It will depend on the sort and depth of the given information, its source, how reliable this source is, and the time and state of the woman when the information is given. An essential factor in choices made by women is also the kind and number of the offered choices that a woman can choose between. Offering limited choices would take away any real chance of making a fully-informed decision about the care a woman receives. I felt I needed to reflect on an experience that was one of the enlightening moments in my midwifery practice.

What happened?

It was seven o'clock when I started my night shift at the midwife led unit. My colleague gave me the report about Sarah who was a healthy nulliparous woman at term. Sarah had been admitted to the hospital several times over the last three days due to having contractions. She had had two morphine injections and several vaginal examinations. The last internal examination revealed that the cervix was 3-4 centimetres dilated, just as it had been in the previous examination. Sarah and her partner felt too exhausted to continue with the labour so, following a discussion within the multidisciplinary team, they had been offered the choice of induction of labour. The plan was to transfer her to the obstetric led unit, commence an epidural anaesthesia, perform an amniotomy and commence Syntocinon infusion as she had chosen. When I heard the report, I did not feel the plan was the most favourable one for Sarah and her baby; I thought what she needed was to relax and rest, rather than intervening with the natural process of birth. Exhaustion that some primiparous women experience during the latent phase of labour, and the feeling of disappointment, could be demoralising, causing

loss of confidence in their own natural ability to give birth. However, I felt the choice had been made from only a limited number of options: doing nothing or intervening with labour. I wondered whether I could offer her another choice and; if so, whether I was in a position to influence her decision.
In view of Sarah's state of exhaustion and disappointment, and not having an established trusting relationship, as we had not met before, as well as the fact that the decision had been made before my arrival, the odds were not in favour of me offering a further choice. Therefore I thought: "Should I just respect her choice and continue with the care plan?"
However, listening to my instinct, I heard: "What about the concept of beneficence and non-maleficence, where health professionals should act in a way that maximises the benefits and avoids harm?" I also considered the fact that the decision had been made when there were no other options available. At that point I made the decision to share my feelings and thoughts with the couple and to support them with any choice they were to make.
I stepped into the room and introduced myself to the couple, sat with them and asked them to tell me their story in hopes of initiating a trusting relationship. I used my body language and voice tone to put them at ease. The level of exhaustion and frustration after being unable to rest for almost three days was heart-breaking. After spending some time with them, I ultimately shared my thoughts about the plan. I validated her experience and that how hard and tiring it must had been to have no rest for such a long time, highlighted that her body was amazingly doing several things, such as turning the baby to the optimal position, pushing the baby further down the birth canal, and preparing the right cocktail of hormones, whilst we were just measuring the dilatation of her cervix. "Your body is doing something different from what we can measure!" I said, and told her how reducing stress hormone levels would result in production of endorphins and optimum function of oxytocin. Then I asked her if she would allow me to assist her to relax and rest before making her final decision regarding induction of labour. Sarah looked at me sceptically and said;" I have not slept for almost three days, how can you help me to rest?"
I reassured her that even if she did not find the relaxation helpful, at least there would be no harm in trying it. Sarah agreed to try it, although she did not look very enthusiastic. After dimming the light and asking Sarah to lie down in a comfortable position, I used a combination of breathing techniques, muscle relaxation and guided imagery. Then I was waiting for 20 minutes for contractions so that I could guide her breathing using the metaphor of ocean waves. For the entire 20 minutes, Sarah looked asleep. Then she opened her eyes and I naively started pointing out that contractions had seemingly tailed off when to my surprise Sarah commented: "I had four contractions, but managed to breathe with the waves!" and continued, "I think I'm happy to carry on for a couple of hours". At this stage Sarah was using self-relaxation techniques herself, and was happy to be left undisturbed. Four hours later she

asked me for some oral analgesia when a vaginal examination revealed her cervix was 9 centimetres dilated, and two hours later her healthy baby boy was born. Baby weighed 8.7 pounds and Sarah had an intact perineum and minimal blood loss. The birth was ecstatic not only for Sarah, but for every one in the room, including her partner and myself. In the morning, when I was about to leave for home, Sarah's partner said; "I must admit I was so sceptical about what you suggested, but you knew what you were talking about." And Sarah said; "Mo, God sent you". This is and forever will be one of my most wonderful memories of being a midwife.

What were your thoughts and feelings?

At the beginning, after listening to the report and care plan, my feelings were empathy for Sarah and her tiredness and frustration, but I knew the best response to this was to provide rest and reassurance, not a cascade of interventions. Then I felt disempowered as the care plan had been already made. Although I felt equipped with the skills to provide the required support, the situation did not appear to be in favour of offering any change to the previously made plan.

For a few moments, I felt hesitant about offering a third choice – using deep relaxation techniques. I was uncertain about my place in Sarah's decision making process. The reason for this hesitation was that we had not met before, so the necessary element of trust was absent in our relationship at the beginning. Negative feelings such as fear and anxiety had impacted Sarah in a way that offering any change to the made plan seemed pointless. Furthermore applying relaxation techniques involves using a particular voice tone and certain way of speaking that can make it sound eccentric to those who have no familiarity with it. This made me feel uncertain and concerned about being judged by the couple. I needed to make a choice, too, and ultimately I decided what mattered the most was providing the best possible start for the family by increasing choices, and increasing the likelihood of a positive birth experience. I felt that explaining the physiology of birth in an easy-to-understand language had a crucial influence on Sarah's decision to try relaxation. Experiencing a deep state of relaxation helped Sarah to understand – despite the previously experienced stress – that she was still able to take control and change how she felt, at will. She took charge of her own body; the feelings of weakness and loss of control turned to confidence and empowerment. Although she had decided to try the learnt techniques for two hours, she carried on and did not ask for any other pain relief method for four hours until she opted for oral analgesia.

I felt empowered and confident too, as if somehow we were connected. After examining her and seeing her awe at what her body had done in such a short period of time I felt ecstatic, we were holding hands and crying tears of amazement. These feelings reached their peak when Sarah held her son in her arms for the first time.

Why did you respond the way you did?

I think I did overcome my hesitation and uncertainty by thinking about what was really important, which was providing the best possible care. I think considering the concept of beneficence and non-maleficence influenced my decision to do what I did. Both induction of labour and epidural anaesthesia could cause harm more than benefit if their use were not medically justified (Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) 2014; Jones 2012). Although epidural anaesthesia is the most effective pain relief in labour, it increases the chance of assisted birth and other consequent complications (Lieberman and O'Donoghue 2002). Women who use epidural in labour are not as satisfied as those who don't, as hormonal change does not happen (Lowe 2002).

Observing women's behaviour during childbirth has given me an understanding of the physiology of birth and the ability to communicate this understanding with women in my care. The experience in the profession has caused me to believe that, when women are in a calm and relaxed state of mind and body, hormonal systems can function optimally. Due to this realisation I strive to equip myself with the skills that facilitate a relaxed and stress-free state.

I felt validating Sarah's experience, and sharing my thoughts and feelings about the previously chosen care plan in an open and honest manner provided a foundation for a trusting relationship between me and the couple.

Would you do the same thing again?

Yes, because not only did it lead to positive outcomes, but it also resulted in an ecstatic experience for Sarah and a brilliant start for the family.

In future, whenever I come across a similar situation, I will not hesitate to offer further choices that have the potential of improving the care provided.

What did you learn?

I learned in order to provide tailored care, it is crucial to be able to gain women's trust, sometimes in a short time-frame. Sharing my experience and feelings in an open and honest manner, and at the same time supporting and respecting a woman's choices, are the seeds of growing a trusting relationship.

This episode of care also reminded me that it is crucially important to communicate effectively in a way that is easy to understand, especially when a woman feels anxious about the situation.

I feel this experience has strengthened my belief in woman's natural ability to give birth and has empowered me to share this belief with women in my care.

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