

Natural Versus Medicated: The Debate

Women want their birth to be safe. But what safety means is open to discussion. Should you receive medication to speed up the labor or to reduce its pain? Is it better to let nature take its course or undergo an intervention that has its own risks? In the debate over natural or medicated, is there a right answer? The controversy can turn as heated as a political argument! People on both sides of this issue firmly believe that they are doing what is best for themselves and their babies.

Medications to prevent infections, drugs to reduce bleeding, cesareans—these advances in medicine have saved the life of numerous mothers and babies. However, interventions have become the norm, even in low-risk pregnancies. Some of these have undoubtedly benefited families. Others have little evidence to support their use, and a few may actually be harmful. These days, finding the balance between the natural experience and medical interventions is particularly challenging.

Natural childbirth advocates believe that using interventions during labor diminishes the birthing experience, puts women at increased risk, and may have long-term consequences for both mother and baby. They see the pain of labor as “good” and even necessary. Medical interventions are viewed as dangerous and overused, and employed for the convenience of the doctor. They believe that the more we know about pregnancy and birth, the more we lose sight of how perfectly designed it is. They feel safer away from a hospital than in one. They contend that women who have a natural childbirth recover faster and breastfeed more easily. They want to connect intimately to the birth experience, which they believe will allow them to bond with their baby in an enhanced way. They believe a baby born without medical intervention will be calmer and more relaxed. The rediscovered enthusiasm for home births has accelerated in recent years as some women worry that they won’t be able to achieve a peaceful birth he best-laid plans and don’t want to take any chances. They admit that labor is too painful to go through it without an epidural and appreciate being able to rest and save their strength for taking care of their newborn. They feel reassured that an operating room is right around the corner. They find comfort in knowing that a pediatrician is readily available if their baby needs any assistance. They know they will have the energy to focus on their baby after the less stressful experience of a medicated birth. They recognize that what feels good may not always be what is safest. The conflict between natural and interventional birth extends to doctors and midwives as well, who philosophically look at childbirth differently. A doctor is trained to view pregnancy as a medical event and to look for the smallest deviations from the norm that could signal A midwife views birth as a normal process that women’s bodies are designed to undertake without difficulty. She believes that patience will allow nature to take its course. Although these philosophies Deciding are different, What the Is Right goal is for the You same: to manage the unpredictability of birth.

Deciding What Is Right for You

If I could give you only one piece of advice, it would be to do what makes you happy. In a world where there is so much pressure to be a specific type of mother, it would be nice to go through pregnancy and childbirth the way you want. Not the way your friend did it, or the way the judgmental woman in line with you at Starbucks would.

As with most decisions in medicine, each of your choices in childbirth will have its own risks and benefits. I believe that natural childbirth can be an amazing, beautiful experience. However, it is not for everyone. Some women have no interest in it whatsoever, get every intervention possible, and still have a wonderful experience. I believe that many women don't pursue a natural birth because we—the obstetrical community—have set them up to fail at it. Many things we do—some of which have no proven benefit—make it nearly impossible to achieve a natural delivery. We don't give women the tools they need to be successful, which only leads to disappointment—the last thing you need as a new mom. Follow your instincts, ask lots of questions, and stand up for what is important to you.

How do you decide which type of birth is right for you? Some women have a clear vision even before they get pregnant. Others aren't so sure. Natural sounds great but they fear that the pain will be more than they can handle. Some women know they want an epidural as soon as they get to the hospital. Still others plan to do whatever their doctor suggests in the moment.

When considering your options, you must think realistically about your health, your personal risk factors, and your fitness. Do you have a low-risk pregnancy, or do you have a medical condition that cannot be ignored? Has your blood pressure been slowly climbing upward from week to week? Has your baby suddenly done a somersault and is now breech with only a month left in the pregnancy? Are you significantly overweight? When you've spent months preparing for a certain type of birth and you have your heart set on a particular outcome, it's tempting to continue in that direction although it may not be safe.

I know from personal experience that not all births go as planned. When I was pregnant with my first baby at age thirty-four, I planned to continue my obstetrical practice until the moment I had to run upstairs to the hospital, deliver my son, and get right into the swing of motherhood without losing a beat. I was sure I'd be the model of natural birth; I was healthy, fit, and prepared. So, I was completely caught off guard when I developed severe preeclampsia (high blood pressure) at twenty-nine weeks. Because I had no symptoms and felt completely normal, I insisted that the blood pressure cuff must be broken as I saw the numbers climb over 200/110 (normal blood pressure is 120/80). Even with my pressure sky-high, I tried to negotiate a plan with my doctor so I could go home and wait for labor to ensue at the normal time.

Instead, I found myself on bed rest in the hospital for two weeks, followed by an induction, an epidural, and a magnesium-induced haze from the medication I was given to prevent seizures. My son was born at thirty-one weeks, weighing 3 pounds 12 ounces, and was whisked off to the neonatal intensive care unit (NICU) without my even being able to touch him. It was exactly the opposite of the experience I had planned.

The truth is, some things just happen in the course of pregnancy that change your level of risk, and there's nothing you can do to prevent it. In my own case, I finally accepted my high-risk status. Thankfully, despite a small bleed in his brain, my son overcame the challenges of prematurity and is a healthy, thriving teenager.

When I look back on the delivery of my son, I feel both disappointed and grateful. I had hoped to hold him right after he was born, to breast-feed, to get to know him in the delivery room. But instead, I could only touch him through the holes in the Plexiglas incubator for weeks. We tell women that they should hope for a healthy mom and a healthy baby at the end—that should be enough. Isn't that the definition of a successful childbirth experience? I had that, yet it wasn't enough to eliminate the disappointment that I had a high-risk pregnancy and couldn't have the birth I wanted. At the same time, I feel grateful that I had access to prenatal care that allowed me to find out about my condition before I was too sick. I was also thankful that my son could live in a state-of-the-art NICU where the incubator and high-tech medical care allowed him to grow.

Whereas some risk factors develop during pregnancy, others appear only once you are in the delivery room in labor. Everything has been going along smoothly, until you find out that your baby is stuck in one position and can't rotate through the birth canal. Or that every time you have a contraction, the baby's heart rate dips because it has inadvertently tied a knot in the umbilical cord. There is no way to predict how a pregnancy will conclude. For this reason, doctors categorize pregnancies as low risk or high risk—there's no such thing as a “no-risk” pregnancy. Women with low-risk pregnancies have many options for childbirth. If you and your doctor or midwife have determined that you are truly low risk, you can choose a noninterventional birth. You should fully commit to preparing for this during pregnancy. It means intensive education, reading, classes, and reflection. You can't just arrive in the delivery room and say, “I don't want this, I don't want that,” without preparing yourself for how you will deal with the realities of labor. Most women who plan for an unmedicated birth attend childbirth classes for at least a few months. They may hire a doula to provide them with continuous emotional support during labor. They eat well and they stay fit. They consider what helps them to relax and prepare accordingly.

Planning for the birthing style you want is where your relationship with your doctor or midwife really counts. Your provider can help you determine what is safest for your individual situation. Hopefully, you will work with someone whom you trust, someone who will listen to your concerns and not dismiss what is important to you. When a mother feels supported, rather than managed, she will have an easier birth. Your labor may take an unexpected turn but your doctor can help you stay on the track you have chosen.

Ultimately, childbirth can be anything: overwhelming, guilt-ridden, beautiful, agonizing, calm, enlightening. I can think of no other life experience that brings out such diametrically opposite emotions—sometimes at the same time. As you think about what you want your birth to be like, you may find yourself overcome with fear or doubt. Remember that every woman has felt the same way at some point in her pregnancy. Odds are you're a lot more capable than you give yourself credit for. Frame your own narrative by listening to the positive stories. Focus on bringing your baby into the world with your loving family cheering you on. And support other women in their choices, whether or not they mirror yours. Stay clear-eyed, with an open mind and an open heart: you're on your way to becoming a mother.